

**INDIAN SOCIETY OF AEROSPACE MEDICINE  
APPLICATION FOR CORPORATE MEMBERSHIP**

<b>For Official Use</b>
<b>Date Received.....</b>
<b>Membership No.....</b>
<b>Acknowledged.....</b>

Company Name : .....  
(in block letters)

Field of Activity : .....

Address for correspondence (with Telephone Number & Web Address)  
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.....  
.....  
.....

We wish to become a Corporate Member of the Indian Society of Aerospace Medicine. We undertake to abide by the Rules and Regulations of the Society.

Date :

Place :

Signature of Applicant

**Corporate Member Fee**

For 10 years - Rs.2,00,000/-

For Life - Rs.5,00,000/-

Note :- Payments are to be made in cash directly to the officer or by DD/ payable at par cheque drawn in favour of " Indian Society of Aerospace Medicine" payable at Delhi.

## **Indian Journal of Aerospace Medicine**

The Journal "Indian Journal of Aerospace Medicine" is published biannually by the Society and is circulated free of cost to all members.

### **ISAM's Mailing Address**

The Secretary  
Indian Society of Aerospace Medicine  
Dte General of Medical Services (Air)  
Room No.142, Wing-7, First Floor  
Air Headquarters  
West Block – VI,  
RK Puram, New Delhi – 110 066

Tele Fax : 011-26190645  
Email : dmsavmed@gmail.com  
Website :www.isam.in

Please do inform the Society Office regarding change in Address/ contact details

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### **Decision of the Executive Committee**

Approved/ Not Approved

Date :  
Place :

Secretary  
ISAM