

Membership Form 2026-27: Indian Menopause Society



Dr. Sudhaa Sharma

President

Dr. Hephzibah Kirubamani

Treasurer

Dr. Bipasa Sen

Vice President

Dr. Sheela Mane

Jt. Treasurer

Dr. Jyoti Jaiswal

Secretary General

Dr. Shubha Sethia

Jt. Secretary



Membership is open to any person with an interest in research, teaching or development activities in the areas of menopause.

Category: A- Gynaecologists _____, B-Non-Gynaecologist Medical Doctors _____
C- Non Medical Persons (Including Non Medical Doctors)_____.

Title: Dr / Mr / Mrs / Prof. Full Name: _____

Specialty: _____ **Qualifications:** _____

Address: _____

City: _____ **State:** _____ **Pin code** _____

WhatsAPP Mobile number: _____ **Telephone No (with STD code) :** _____

Email (Mandatory) in CAPITAL LETTERS: _____

Profession/Occupation: _____

Adhaar No: _____ **PAN No:** _____ **Current Position:** _____

Affiliation with Institutions/Societies _____

Community / Extension Services: _____

(Please include any membership of Rotary/Lions/Jaycees/ Ladies Organization)

Select Society as per your location: [Please Select ANY ONE Either Society or Chapter]

Agra / Ahmedabad / Allahabad / Aligarh / Amritsar / Bangalore / Bathinda / Bharuch / Bhopal / Bhagalpur / Belagavi / Bilaspur / Chandigarh / Chennai / Calicut / Delhi / Dibrugarh / Faridabad / Greater Noida / Gurgaon / Guwahati / Gorakhpur / Hyderabad / Indore / Jabalpur / Jaipur / Jalandhar / Jammu / Kanpur / Kolkata / Lucknow / Ludhiana / Madurai / Meerut / Mumbai / Nagpur / Nellore / Patiala / Patna / Puducherry / Pune / Raipur / Rajkot / Surat / Udaipur / Varanasi / Vadodara / Vijayawada / Ajmer / Gwalior / Jodhpur / Cuttack / Shimla

Membership Fee: Life membership Fees:

For Society: Rs.3000/- (For Local Society)
Rs.3000/- + 540/- (GST) = 3540/- (HQ)
TOTAL: Rs.6540/-

Please read Membership rules on

www.indianmenopausesociety.org

NRI Life Membership: \$ 250 +\$45 (18% GST) = \$ 295

Please submit the membership form along with Cheque/DD to the respective Local Menopause Society before the 25th of any month for instant processing of Life memberships.

I enclose here the Cheque / DD No. _____ of _____ (Bank Name) Dated _____

IN FAVOR OF _____ with Membership Form, towards

Life Membership. I have read the Rules and Regulations of IMS and promise to be abided by it.

I certify that the information submitted here is complete & correct to the best of my knowledge.

Date: _____ Signature of applicant

Proposed by life member of IMS, Name _____ Mem. No. _____ Sign _____

You will receive a Life Membership E – Certificate by E – Mail on completion of processing within **30 days** of remittance of fees.