

**BREAST RECONSTRUCTIVE AND AESTHETIC SURGEON'S ASSOCIATION  
(B.R.A.S.A.)**

**MEMBERSHIP FORM**

NAME _____	<div style="border: 2px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">PHOTO</div>
AGE/SEX _____ DESIGNATION _____	
QUALIFICATION _____	
POSTAL ADDRESS _____ _____	
E-MAIL _____	
PHONE _____	
PAYMENT MODE: CHEQUE/DD/CASH/ONLINE: PAYMENT DETAILS: _____	

**LIFE MEMBERSHIP: Rs 5000.00 (FIVE THOUSAND ONLY)** Details and Eligibility on [www.thebrasa.org](http://www.thebrasa.org)

Cheque to be Drawn in favor of "**BREAST RECONSTRUCTIVE AND AESTHETIC SURGEONS ASSOCIATION**" payable at New Delhi. For Online Transfer

Account Name	BREAST RECONSTRUCTIVE AND AESTHETIC SURGEONS ASSOCIATION
Account Number	91111010002922
IFSC CODE	CNRB0019111
BANK	CANARA BANK , Sir Ganga Ram Hospital , Rajinder Nagar, New Delhi 110060

Mail the filled up form with Cheque/DD/Online Transfer Details to the **Association Secretariat**. Also email the scanned copy of the filled up form to [sec.brasa@gmail.com](mailto:sec.brasa@gmail.com)

**ASSOCIATION SECRETARIAT**

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