

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

MEMBERSHIP FORM

NAME _____	<div>PHOTO</div>
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QUALIFICATION _____	
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PAYMENT MODE: CHEQUE/DD/CASH/ONLINE: PAYMENT DETAILS: _____	

LIFE MEMBERSHIP: Rs 5000.00 (FIVE THOUSAND ONLY) Details and Eligibility on www.thebrasa.org

Cheque to be Drawn in favor of "**BRASA SECRETARY**" payable at Lucknow.

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Account Number	38328881350
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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**

ASSOCIATION SECRETARIAT

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