MEMBERSHIP FORM

**SOCIETY FOR TOBACCO CONTROL(Regd.) (STC)**

**Head Qtr.: VP Chest Institute, University of Delhi, Delhi - 110 007, INDIA**

# Name: Date of Birth: Age: Sex: Address:

mail: Institutional Affiliation: Educational Qualifications: Membership Associate Life

Proposed by: Seconded by: \_ If my application is accepted I am agreeable to the present rules and regulations of the Society.

Date: **Signature of Candidate**

The Draft (Rs. Date ) should be made in favour of “**SOCIETY FOR TOBACCO CONTROL**” payable at Delhi.

**Eligibility for Life Membership / Associate Membership of the Society:**

1. **Life Member:**
	1. Medical Graduate with MBS/BDS degree
	2. Scientist having recognized Ph.D. degrees and actively engaged in Tobacco Cessation / Control activities.

Life Membership Fee: Rs. 2,500/-

1. **Associate members:**
	1. Individuals having a master degree and having interest in Tobacco Cessation /Control Associate Membership Fee: Rs. 2,000/-