

# ACUPRESSURE CLUB

(Membership Application Form)

**Name:**

**Date of Birth:**

**Qualification/Profession:**

**Mailing Address:**

**Phone:** (O) (R)

**Present State of Health:** Excellent/Very Good/Good/Poor

**Present ailments if any:**

I would like to join the "Acupressure Club" as an Ordinary Member for one year and would like to share my experience on Acupressure. Kindly enroll me as a member.

I am enclosing cash/Cheque/Demand Draft No.

For Rs.500/- being the membership fee drawn in the name of Mrs. Meera Bhojraj payable at Bangalore.

**Date:**

**Signature**

**Note:**

1. The membership is for one year.
2. Outstation cheques will not be accepted.
3. Kindly post the form to : Dr.H.Bhojraj, Acupressure Club,1963,8<sup>th</sup> Main Road,'E' Block, Rajaji Nagar,
4. Bangalore- 560 010.