



ASSOCIATION OF SEXUALITY EDUCATORS COUNSELLORS & THERAPISTS

APPLICATION FORM FOR LIFE MEMBERSHIP

(Please fill in BLOCK LETTERS)

Name _____

Academic Qualifications _____

(Pl. Attach Xerox Copies of Degrees / Diplomas & Registration, Certificates)

Date of Birth : MM _____ DD _____ YY _____

Sex : M / F

Address (Clinic / Office)

City _____ Pin _____

State _____ Country _____

Address (Home)

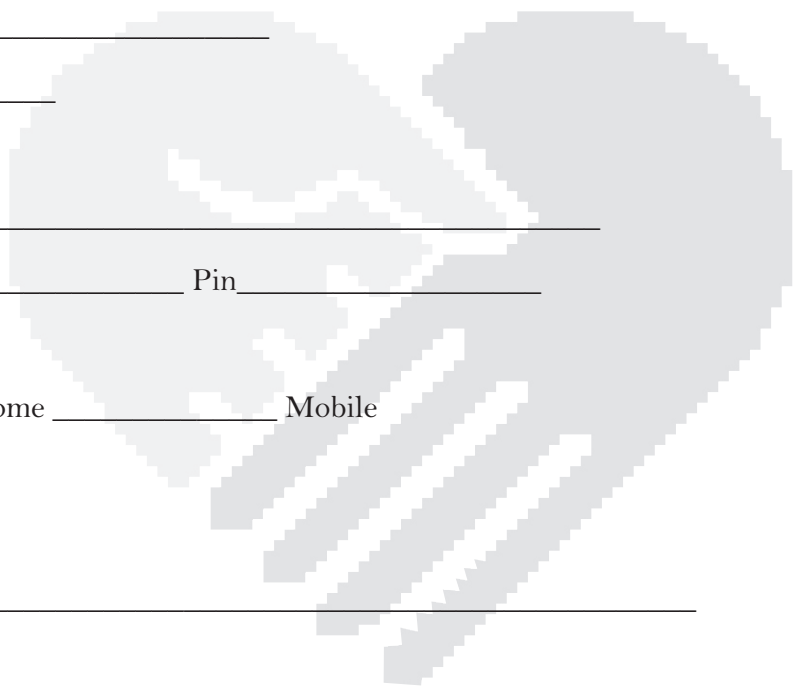
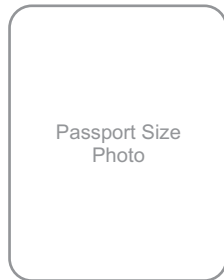
City _____ Pin _____

State _____

Phone : Clinic _____ Home _____ Mobile _____

Email :

Speciality :



The managing committee have right to accept or reject the application. On submission of the application in the prescribed form, it will be scrutinized by the Credentials Committee and its decision will be final in admitting the person as Member.

Enclosed herewith is Demand Draft / Cheque of Rs. 3000/- in favor of ASSOCIATION OF SEXUALITY EDUCATORS, COUNSELLORS & THERAPISTS payable at INDORE.

Demand Draft / Cheque No. _____ Dated

Drawn on

For Rs. (in words)

Date _____

Signature _____

Office

Sexual Dysfunction Clinic & Research Centre Pvt. Ltd.

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Registered as Society and Public Trust - Indore, M.P.