

Membership form

Kindly enter my membership for Academy of Advanced Dental Research

Name of Individual

Address:

State/country _____

Phone No (with STD/ISD codes) _____

AADR Membership Fees

Country	Developing	Developed
1 year	110 USD	150 USD
(Jan-Dec)	(Inr 10000)	

Total amount= _____

Demand Draft /cheque No/other _____

Dated _____

Bank/Branch _____

Drawn In favor of “for Academy of Advanced Dental Research”

I agree the rules and regulations of association as a member

Signature of member

A/C name:Academy of Advanced Dental Research

Current Account

Bank Name: IDFC First Bank,

Branch - Jodhpur, Satellite, Ahmedabad

A/C No: 81417038382

IFSC Code: IDFB0040316

**Academy of Advanced
Dental Research
(AADR)**

Membership Form

**Office:
AADR,
C/303,Sanskar
Building, Behind
Shalby hospitals, Opp-
Karnavati club,
SG highway
Ahmedabad, Gujarat,
India 380015**