



INDIAN CANCER SOCIETY

74, Jerbai Wadia Road, Bhoi wada, Parel, Mumbai 400 012

Tel No.: + 91 22 24139445
+ 91 22 24139542

Fighting Cancer since 1951

MEMBERSHIP – CUM – INSURANCE APPLICATION FORM (Individual)

The Hon. Secretary & Managing Trustee

Sir,

Please enroll me as a Member of the Indian Cancer Society as indicated in the box below. I wish to avail of the benefit of Membership including your Cancer Insurance Policy.

Sr. No.	Category	Please tick	Sum Assured	Membership Fee	Premium	GST	Total
a.	Well Wisher Member	<input type="checkbox"/>	2 Lakhs	200/- p.a.	800 /- p.a.	144/- p.a.	1144/-
		<input type="checkbox"/>	50,000/-	200/- p.a.	200/- p.a.	36/- p.a.	436/-
b.	Individual Ordinary Member (Non Voting)	<input type="checkbox"/>	2 Lakhs	1,000/- p.a.	800/- p.a.	144/- p.a.	1944/-
		<input type="checkbox"/>	50,000/-	1,000/- p.a.	200/- p.a.	36/- p.a.	1236/-
c.	Individual Life Member (Voting)	<input type="checkbox"/>	2 Lakhs	50,000/- (for 10 years)	800/- p.a.	144/- p.a.	50,944/-
		<input type="checkbox"/>	50,000/-	50,000/- (for 10 years)	200/- p.a.	36/- p.a.	50,236/-
Add on Insurance for Children							
i)	One Child	<input type="checkbox"/>	50,000/-	-	100/- p.a.	18/- p.a.	118/-
ii)	Two children	<input type="checkbox"/>	50,000/- each	-	200/- p.a.	36/- p.a.	236/-

I agree to abide by the rules and regulations governing the membership and the Insurance Scheme currently in force and as may be amended from time to time.

I enclose cheque/Cash/D.D. for Rs. _____ (In words: _____) being the amount due for type of membership indicated above.

(Cheque to be drawn in the favour of **Indian Cancer Society**).

Cheque No: _____ **Date:** ___/___/___ **Bank:** _____

I enclose the proposal form (in duplicate), for the Cancer Insurance Policy duly completed.