



AAPNA MEMBERSHIP REGISTRATION FORM

**Registration Form for Indian Residents Who Would Like to Remit
Membership Fees in Indian Currency in India**

Name (exactly as written on certificates):

Qualifications: _____

*Please list degrees, diplomas, institution names and locations, years of graduation, etc.
If you are applying for institution or corporate membership, submit relevant documentation.
Please email copies of relevant documents for verification to contact@aapna.org.*

Postal Address: _____

Phone: _____

Email: _____

Website: _____

**PLEASE SUBMIT YOUR APPLICATION &
BANK REMITTANCE PAY SLIP
PAYMENTS**

() International Vaidya Member - 2 years	- ₹ 7,500
() International Vaidya Member – 5 years	- ₹ 15,000
() International Professional Member – 2 years	- ₹ 7,500
() International Professional Member – 5 years	- ₹ 15,000
() International Associate Professional Member – 2 years	- ₹ 5,000
() International Associate Professional Member – 5 years	- ₹ 10,000
() International Institute Member – 2 years	- ₹ 10,000
() International Institute Member – 5 years	- ₹ 20,000
() International Student Member – 2 years	- ₹ 4,000
() International Student Member – 5 years	- ₹ 8,000
() International General Member – 2 years	- ₹ 4,000
() International General Member – 5 years	- ₹ 8,000
() International Corporate Member – 2 years	- ₹ 10,000
() International Corporate Member – 5 years	- ₹ 20,000

Agreement of Understanding Regarding Membership

I certify that the information I have provided to Association of Ayurvedic Professionals of North America (AAPNA) is true, correct and complete. I am not providing false, misleading or deceptive information, and I understand that if I am providing false, misleading or deceptive information, AAPNA will pursue legal action. I understand that I may be asked to provide additional documentation and that AAPNA reserves the right to verify any and all information that I provide. If I misrepresent my credentials or refuse to provide documentation at a later time if asked, I understand and agree that my membership will be revoked and terminated. If the documentation required for the AAPNA membership status for which I am applying is not received within 3 months from the date of this application, I understand that no refund will be issued in the event of the cancellation or denial of my application. I agree that I will notify AAPNA in writing of any civil or criminal complaint made against me. I agree to hold AAPNA and all its agents, officers, advisors, directors, and employees harmless and indemnify them for any misrepresentation of my credentials and for all claims, loss, judgment or expense. AAPNA does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership in AAPNA does not imply licensing or registration by the organization of a member's qualifications, credentials, abilities or expertise. AAPNA's objectives are solely for informative and educational purposes. AAPNA does not assume any responsibility or liability for its members' or subscribers' efforts to apply or use the information, suggestions or recommendations made by the organization, publication resources or activities. By submitting this application, I understand and agree to the terms stated above.

FOR REMITTANCE IN INDIA:

State Bank of India, Tangutur 523274, Prakasam District, Andhra Pradesh

Account Number: 10803043426

Payable to Vijay Shekhar Annambhotla

Branch Code: 2796

IFSC/RTGS/NEFT Code: SBIN0002796