

**INDIAN ASSOCIATION OF EQUINE PRACTITIONERS  
APPLICATION FOR MEMBERSHIP**

Date: \_\_\_\_\_

To,  
The Secretary,  
Indian Association of Equine Practitioners,  
C/o RWITC Ltd.,  
6, Arjun Marg, Pune Race Course,  
Pune – 411001  
Maharashtra  
India.

Name: (in Capital) \_\_\_\_\_

Address (Permanent) \_\_\_\_\_

Address (Work) \_\_\_\_\_

Address (For Correspondence) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Cell no. \_\_\_\_\_

Education: \_\_\_\_\_

Veterinary College	Graduation year	Degree (s)
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Practice Codes:

Percentage of your practice devoted to Equines?

Less than 25%     25% to 50%     50% to 75%     75% to 100%

I wish to apply for Life Membership of the INDIAN ASSOCIATION OF EQUINE PRACTITIONERS.

The D.D./ Cheque drawn in favor of I. A. E. P., payable at Pune, of Rs. 5300/- (Registration Rs. 300+

Life Membership fee Rs. 5000/-), is enclosed herewith.

D.D. / Cheque No. \_\_\_\_\_ Date: \_\_\_\_\_ Bank Name & Branch: \_\_\_\_\_

I agree to abide by the rules and code of professional ethics of the Association, in force from time to time.

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Office: I.A.E.P., C/o RWITC Ltd., 6/ Arjun Marg, Pune Race Course, Pune – 411001 Maharashtra State,  
INDIA.

website: [www.iaep.in](http://www.iaep.in)