

Pakistan Academy of Pediatric Dentistry



Membership Form

For Office Use Only	
PAPDNo	
Date	

Doctor's Name: _____

Father/Husband Name: _____

Designation: _____ PMDC No: _____

Institutional Address _____

Home/Clinic Address _____

Email ID: _____ Cell Phone: _____

I solemnly affirm that I will abide by all the rules and regulations of Pakistan Academy of Pediatric Dentistry (PAPD) in the best interest of my pediatric patients and PAPD, Pakistan.

Membership Type _____ For the Calendar Year: _____

Amount: _____ Bank DD/Online Transfer/IBFT Receipt Copy Attached: Yes/No

Member's Signature: _____

Finance Secretary's Signatures _____ President's Signature: _____

**Please complete this Form and send by post to 222 Defence Raya Golf Club, Phase 6, DHA, Lahore Cantt. Or send as email attachment to drsajjadahmad1@gmail.com. You will then will guided how to despite your membership fee.*

Commented [PAW1]: Please align (center) the three items i.e. title, logo and "Membership Form"