**To**, Date:-

**The Chairman,**

Alternative Medical Council Orissa

Jagatsinghpur, Odisha-754105

Sub: Application for Associate Membership with AMCO

Respected Sir,

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualifications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby giving my consent to become an Associate Member in AMCO.

I also hereby declare that:

* Will abide all the ethics, rules and regulations of the organization which is to be implemented time to time.
* Will work sincerely and voluntarily for the development of the organization
* Will not involve in any unethical activities or person against the organization
* Organization has all the rights to reject my membership at any time if I found any guilty

Place: Signature