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| Registration No. |  |

PRO MEMBERSHIP APPLICATION FORM

To,

Honorary Secretary General

Myanmar Medical Association

|  |  |
| --- | --- |
| Date: |  |

Particulars:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Name (in block letters) | |  | |
| 2. | Date of Birth | |  | |
| 3. | Address | |  | |
|  | |
| (Contact Phone No & Email) | |  | |
| 4. | Medical Qualifications, graduated year and University | | | |
| (1)  (2)  (3) | |  | | |
|  | | |
|  | | |
| 5. | National Registration No. | | |  |
| 6. | Recommended member of branch for his or her application. | | | |
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Signature of Applicant