**APPLICATION FOR LIFE MEMBERSHIP**

To,

Honorary Secretary General

Myanmar Medical Association

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

Dear Sir,

I wish to enroll myself as a member of the Myanmar Medical Association and remit Kyats 10,000 (Ten Thousand Kyat Only) as life-membership fees.

**Particulars:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Name (in block letters in English): | |  | | | |
| 2. | Date of Birth: | |  | | | |
| 3. | Address: | |  | | | |
|  |  | |  | | | |
|  | Contact Phone No: | |  | | | |
|  | Email: | |  | | | |
| 4. | Medical qualifications Year of graduation University | | | | | |
| (1)  (2)  (3) | |  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| 5. | Myanmar Medical Council Registration No: | | | |  | |
| 6. | Sama No: | | | |  | |
| 7. | National Registration No: | | | |  | |
| 8. | Current Post: | | | |  | |
| 9. | Member of which branch or society? | | | |  | |
|  |  | | | | | |

\* 10,000 kyats for life member fee, 4,000 kyats for member card and registered post.

Total is 14,000 kyats.

Please pay to **MYANMA ECONOMIC BANK, Branch (4), Yangon, Myanmar**

Account Name: **Myanmar Medical Association**

Account Number: **CB 001169**

\* Please send back this life membership form, bank receipt and photocopy of valid sama to **mmacoffice249@gmail.com**.

Signature of Applicant