Membership form

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<tr>
<th>Associate / New member / Renewal / Life member</th>
<th>Year: ..................................</th>
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1. Name (in capital) ............................................................

2. Father’s name .................................................................

3. Address:
   a. Permanent Address ......................................................
   b. Mailing Address ...........................................................
   c. BMDC Reg. Number : ......................................................

4. Qualification:

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<tr>
<th>Name</th>
<th>College/Institute</th>
<th>Year</th>
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5. Field of interest in anaesthesia :

6. Hobby/Special Interest :

7. Government / Non Government / Other :

Note:
1. Make sure that your mailing address is correct and up to date
2. If there is any change of address, please notify us immediately.
3. The member ship fees is as follows
   a. Associate member: Tk. 500.00
   b. New member: Tk. 500.00
   c. Renewal: Tk. 400.00
   d. Life member: Tk. 5000.00
4. You can send your membership fees in the form of cash / Crossed Cheque, Bank Transfer to the account, “Bangladesh Society of Anaesthesiologists, Account No. SB/AC-947101036519, Pubali Bank, Shahbag Avenue Branch, Dhaka.

Date.......................... Signature..............................