BANGLADESH MEDICAL ASSOCIATION OF NORTH AMERICA

MEMBERSHIP FORM

ELIGIBILITY:

Physicians or dentists who are graduates of Medical Colleges from Bangladesh or are Physicians of Bangladeshi descent who are licensed to practice Medicine or Dentistry in USA or Canada.
Physicians or Dentists who are graduates of Medical Colleges from Bangladesh or are Physicians of Bangladeshi descent who are engaged in full time research or academic Medicine for more than 3 years.

LIFE MEMBERSHIP DUES:	(For eligible voter in 2017 election must have to be a life member by Dec 31, 2016)	**$750.00**
Active members	(For eligible voter in 2017 election must have to be a member for 2016 and 2017)	$ 75/yr
Associate members	For eligible voter in 2017 election must have to be a member for 2016 and 2017)	$50/yr

Last Name: _____ **First Name:**_____ **M.I**_____

Home Address: _____

City_____**State**_____**Zip**_____

Office Address:_____

City_____**State**_____**Zip**_____

Faculty Affiliations:_____

Specialty_____

Tel: Home: _____**Cell:** _____ **Office**:_____

E-mail: _____

Medical School: _____**Year of Graduation**:_____

State of Medical Licensure: _____ **Hospital**: _____

Preferred Mailing Address: ☐ **Home Address** ☐ **Office Address**

STATEMENT: ☐ *To the best of my knowledge, the information is the correct status of my professional activity.*
☐ *I agree to disclose above information's for BMANA membership registry & publication.*

Signature: _____ Date: _____

Make checks payable to **BMANA: (Bangladesh Medical Association of North America)**
PLEASE MAIL YOUR CHECK TO ANY ONE OF THE FOLLOWING ADDRESSES:

Mustaq Siddique, MD
6 Captain Theale Road
Bedford, NY 10506
mustaqsid@gmail.com (718 794 4414)

Riaz Chowdhury, MD
4801 Fielding Dr
Raleigh, NC 27606
riazchowdhury11@gmail.com (919 749 0389)