



Bangladesh Medical Society of South Australia

BAMSSA new membership form:

First name*		Last name*		Preferred name	
Mobile no*			Email*		
Nationality* (please tick): <input type="checkbox"/> Bangladeshi (Only Bangladeshi nationalities are eligible for application)			Current residing State* (please tick) : <input type="checkbox"/> South Australia (only current South Australians residents are eligible)		
Application for* (please tick)	<input type="checkbox"/> Life Member	<input type="checkbox"/> General member	<input type="checkbox"/> Associate member (Practicing & Non-practicing dentist, pharmacist and other allied health professionals of Bangladeshi origin and Medical School students studying in South Australia whose ethnic origin is Bangladesh.)		
Working status* (please tick)	<input type="checkbox"/> Practicing		Area of work (optional)	<input type="checkbox"/> General practice	
	<input type="checkbox"/> Non practicing			<input type="checkbox"/> Hospital	
				<input type="checkbox"/> Others (associate members)	
Current visa status (Please tick, optional)	<input type="checkbox"/> Australian citizen	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Temporary resident	<input type="checkbox"/> Student visa	<input type="checkbox"/> Others
Next to kin/Emergency contact (optional):					
By signing this form you are acknowledging that the information provided in this form is true and correct. BAMSSA keeps the right to cancel membership for any false or misleading information at any stage.			*Signature:		
			*Date:		

*Must fill up, incomplete applications will be not be processed.