



BANGLADESH MEDICAL SOCIETY OF NSW

Address: 2 Gunsynd St, Kellyville Ridge, NSW-2155.

ABN: 88166771914; Registration no: INC 9893588

Membership Form

First Name: **Last Name:**

Contact Details: Street:

Suburb: State: Post Code:

Phone: () **Mobile:**

E Mail:

Basic Medical Degree: **Year :**

Medical School **Country:**

Are you currently a registered medical practitioner in Australia? Y/N

Current Practice Address:

Specialty:

Are you currently sitting for AMC Exam? Y/N

(N.B. Membership fees; All Doctors \$ 100/year ; MBBS student and AMC examinee \$ 25/year

“ Founding Member”(all who acquires membership in 2010) and “Lifetime member” (only by selection) needs to sign a bank document in their respective bank for regular electronic transfer of membership fees once a year on every 1st June. Please post a copy of the signed bank document to BMS of NSW ; P.O Box # 444 , Westmead 2145 .) . For attending general meeting/lunch/ on 1st August please also add \$ 25 (individual) or \$ 50 (family ie. two or more)

Preferred method of Payment:

1. Electronic payment directly to Bangladesh Medical Society of NSW bank account

Commonwealth Bank of Australia: Account No # 062196-11227681

(Alternatively directly deposit in the Commonwealth Bank under your name)

Have you paid for BMS of NSW membership? Y/ N

Signature of Member: (I agree to be bound by the constitution of Bangladesh Medical Society of NSW)

(Please post to Treasurer, BMS of NSW ; P.O. Box # 444 , Westmead 2145 .)