Bangladesh Medical Association of North America, Florida
Membership Acceptance Form

PERSONAL INFORMATION

Name _____

Office Address _____

City _____ State _____ Zip _____ Country _____

Office Telephone _____ Office Fax _____ Date of Birth _____

Email _____ Website _____

Medical/Dental School: _____ Degree _____ Year _____

Advanced Education: _____ Degree _____ Year _____

Are you currently enrolled as a full-time student in an undergraduate or graduate Medical program?

☐ No ☐ Yes If yes, specify the institution/hospital _____

Type of program _____ Completion date _____

Area of Practice: _____

How did you learn about the BMANAFL? ☐ Member referral (specify) _____

☐ Internet ☐ Direct mail ☐ Publication ☐ Other _____

Membership Dues: Membership year is January 1 - December 31, and the annual dues are$100 for Practicing Physician, and $50 for Non-practicing Physician. Life Membership- $ 500, one time.

Only Active and Life members are eligible to vote.

Payment ☐ My check for $_____, payable to the BMANAFL in US dollars, is enclosed.

☐ Please charge $_____ to my ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Account Number _____ Sec Code _____ Exp. Date _____

Cardholder's Name _____

Submit your application and payment to:

Mail: BMANAFL
c/o Mohammad Zaman
1289 Heavenly Cv
Winter Park, FL 32972

Phone: 407.922.9872
Email: mzamandds@gmail.com

Communications So I can take full advantage of the various programs and services offered by the BMANAFL, I would like the BMANAFL to send me information regarding professional news and information, meeting and continuing education course information, and other promotional materials, to the above listed in my application: Fax number ☐ Yes ☐ No

Email address ☐ Yes ☐ No

Please acknowledge your consent by signing below.

Signature_____ Date _____

BMANAFL dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense. **Payment must accompany application. A 4% Fee will be added to Credit card Processing.**