

MEMBERSHIP FORM



Bangladesh Spine Society (BSS)

NITOR, Sher-e-Bangla Nagar, Dhaka-1207, Bangladesh

E-mail: bangladeshspinesociety@gmail.com

Name : _____

Gender : Male Female

Date of Birth : _____

Father's Name : _____

Mother's Name : _____

Nationality : _____

Address : _____

Phone : _____ Mobile : _____

E-mail : _____ Fax : _____

PHOTO

Qualification:

Degree	Year	Institution

Experience : _____

Membership Category: _____ Life Member

I have paid Tk _____ in cheque no. _____

dated ____/____/_____ to Bangladesh Spine Society.

I shall abide by the rules and regulations of Bangladesh Spine Society and maintain the dignity, prestige and high standards of the medical profession.

Applicant's Signature

Specimen Signature

Referee 01

Name : _____
Designation : _____
Institute : _____

Referee 02

Name : _____
Designation : _____
Institute : _____

Approved by:

President

Secretary General