

**MEMBERSHIP FORM**

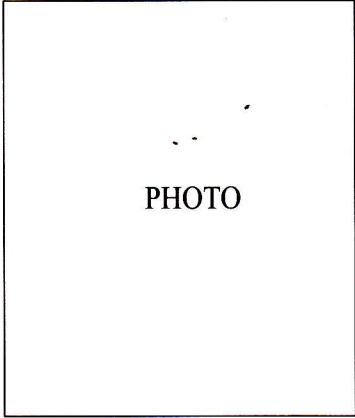


# Bangladesh Spine Society (BSS)

Room-710, Block-D, Dept. of Orthopaedic Surgery, BSMMU

Shahbagh, Dhaka-1000, Bangladesh, E-mail: [bdspinesociety@gmail.com](mailto:bdspinesociety@gmail.com)

Name : \_\_\_\_\_  
Gender : Male  Female   
Date of Birth : \_\_\_\_\_  
Father's Name : \_\_\_\_\_  
Nationality : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_



Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_  
E-mail : \_\_\_\_\_ Fax : \_\_\_\_\_

Qualification :

Degree/Diploma	Year	Institution

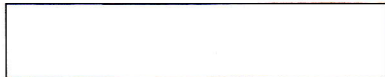
Experience : \_\_\_\_\_  
\_\_\_\_\_

Membership Category : General Member  Life Member

I have paid Tk \_\_\_\_\_ in cash/cheque/pay order no. \_\_\_\_\_  
dated \_\_\_/\_\_\_/\_\_\_\_\_ to the 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

Approved by:

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary General