

# Bangladesh Medical Society of Victoria

33 Hobert Avenue, Berwick, Victoria 3806

ABN: 27437803893

Email: [bmsvic100@gmail.com](mailto:bmsvic100@gmail.com)

[www.bmsvictoria.org.au](http://www.bmsvictoria.org.au)



## Membership Application Form

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1.Name: .....

2.Address:.....

3.Tel Number: (Home).....(Mobile).....

4.eMail:.....

5.Practice Address:.....

6.Qualifications & Year:.....

7.Medical School:.....

Signature:..... Date: .....

Membership Fee: Practicing doctors \$100.00 and Non-Practicing Doctors: \$40.00

Then Yearly Fee: Practicing Doctors: \$100.00 and Non-Practicing Doctors: \$40.00

Please Pay at: [Bangladesh Medical Society of Victoria](#)

[Commonwealth Bank BSB:063182 A/C: 11392462](#)

**For Office Use only:**

Date of Approval: .....

Name and Signature of Secretary: .....