



Society of Nuclear Medicine, Bangladesh
Room No:1003, Block-D, 9th Floor,
National Institute of Nuclear Medicine and Allied Sciences,
BSMMU Campus
Dhaka-1000, Bangladesh.

Photograph

MEMBERSHIP FORM

Types of Membership applying

Ordinary Member (only current year)

Life Member

Name:

Father's/ Husband's Name:

Mailing Address:

E-mail:

Phone:

Institutional Address:

Phone:

Date of Birth:

Designation:

Education:

Hobbies:

Special interest in fields of Nuclear Medicine:

Experience in Nuclear Medicine: (use additional sheet if necessary):

Publications in Nuclear Medicine related (use additional sheet if necessary):

Proposed by:

Signature:

Seconded by:

Signature:

Applicant's Signature:

Date:

Recommendation of the Membership Committee:

Signature of the Chairman (Membership Committee):

Decision of the Executive Body

Signature of the General Secretary:

NB: Life Membership Fee = 3,000 /- BDT, Yearly Membership Fee = 1,000 /- BDT