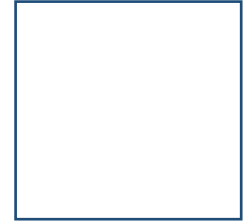


**THE MYANMAR SOCIETY OF ANAESTHESIOLOGISTS
MYANMAR MEDICAL ASSOCIATION
Application for Membership**



Date: Types of Membership:

1. Name (in block letter) : Sama No. :
2. Date of birth:
3. Qualification/Honours (with date):
.....
.....
4. Designation (Current):
5. Mailing Address (Current) :
.....
Phone No: Mobile No:
- E.mail:.....Fax :
6. Permanent Address:
.....
7. Present Practice: Government Hospital
Institute of Medicine
Private
Others
8. Entered anaesthesia service since
9. National Registration No.
10. Area of Specialization in Anaesthesia (Special Interest Group – SIG)
(a) Critical Care (f) Eye/ENT anaesthesia
(b) Paediatric / neonatal anaesthesia (g) Pain(acute or chronic)
(c) Cardio-vascular anaesthesia (h) Obstetric anaesthesia
(d) Neuro-anaesthesia (i) Acupuncture
(e) Regional anaesthesia (j) Others (if any)

Contact Address:

Department of Anaesthesiology and Intensive Care, Yangon General Hospital
P.O Box 11141
Latha Township, Yangon, Myanmar
E-mail: msa.mma.mm@gmail.com

Membership fees:kyats, Date paid
Membership number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>