

**THE MYANMAR SOCIETY OF ANAESTHESIOLOGISTS
MYANMAR MEDICAL ASSOCIATION**

MSA Membership Reinstatement Form

Date:

Types of Membership:

Member ID :

To update the annual dues for the year

1. Name (in block letter) :
2. Sama No. :
3. The year of last update for annual dues :
4. Designation (Current):
5. Mailing Address (Current) :
.....
Phone No: Mobile No:
E.mail:.....Fax :
6. Present Practice: Government Hospital
Institute of Medicine
Private
Others

Contact Address:

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