

**THE MYANMAR AMERICAN MEDICAL EDUCATION SOCIETY, INC.
MEMBERSHIP APPLICATION**

APPLICANT FOR

- _____ **ACTIVE MEMBER (Attending/ Fellow/ Resident Physician lives in United States)**
_____ **ASSOCIATE MEMBER (Physician in medical field/ studying for USMLE, lives in United States)**
_____ **CORRESPONDING MEMBER (Physician lives outside United States, anywhere in the world)**

1. Personal Data: FULL NAME:

Last Name: _____, First Name: _____, Middle Name: _____

Home Address: _____

City: _____, State: _____, Zip Code: _____, Country: _____

Home Telephone: _____ Home Fax: _____

Office Address: _____

City: _____, State: _____, Zip Code: _____, Country: _____

Office Telephone: _____ Office Fax: _____

Email: _____ Place of Birth: _____

2. Professional Qualifications:

Medical School: _____

Date / Degree: _____

Internship or PGY-1:

Hospital: _____

Specialty: _____ Date: _____

Residency:

Hospital: _____

Specialty: _____ Date: _____

Fellowship:

Hospital: _____

Specialty: _____ Date: _____

3. Instructions:

The Application for Active Member does not need the sponsor.

The Application for Associate Member or Corresponding Member must be sponsored by one Active Member of the Society. If you don't have any sponsor, please send copy of MBBS/ MD degree certificate.

Sponsor Name: _____

Address: _____

Signature of Applicant: _____ Date: _____

Please send your **completed application** and **a copy of MBBS/ MD degree certificate or a copy of student ID if you are medical student to:**

MAMES
PO.Box.740576
Rego Park, NY.11374-0576

Please visit our web site: www.mamesociety.org

Contact email: contact@mamesociety.org