



MALDIVIAN MEDICAL ASSOCIATION

MEMBERSHIP APPLICATION FORM

Applicants must hold qualification which is acceptable for registration with Maldivian Medical Council
PLEASE COMPLETE IN CAPITALS

Membership Category <input type="text"/>	Reference Number <input type="text"/> <i>(for MMA use only)</i>
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PERSONAL DETAILS

Name <input type="text" value="DR."/>	Date of Birth <input type="text"/> <input type="text"/> 19 <input type="text"/>
National ID card Number <input type="text"/>	Medical Council Registration Number <input type="text" value="PMR"/>
Main Appointment <input type="text"/> <i>(e.g.: consultant, SR, MO etc)</i>	Speciality <input type="text"/>
Place of Work <input type="text"/>	

QUALIFICATIONS

	Qualification	Year of Completion	Institution	Country
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If currently in training please indicate expected year of completion

CONTACT DETAILS

Permanent Address <input type="text"/>		Residential Address <input type="text"/>	
Contact Telephone Numbers			
Mobile <input type="text"/>	Home <input type="text"/>	Work <input type="text"/>	
E-mail (personal) <input type="text"/>	E-mail (work) <input type="text"/>		
Preferred Mode of Contact: <input type="checkbox"/> E-mail <input type="checkbox"/> Postage <input type="checkbox"/> SMS <input type="checkbox"/> Other.....			

How did you find out about the association?		
<input type="checkbox"/> Contacted by association	<input type="checkbox"/> Newspaper Ad.	<input type="checkbox"/> MMA website
<input type="checkbox"/> TV/Radio Announcement	<input type="checkbox"/> Colleague	<input type="checkbox"/> Other
Special medical interests		
Reasons for joining the association		

DECLARATION

<i>I assure you that the information provided is accurate and I hereby apply for membership of the Maldivian Medical Association & agree to abide by its Article of Association.</i>	signature & date <input type="text"/>
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