



# Bangladesh Society for the Study of Pain (BSSP)

Room No-1014, Block-C, Department of Anaesthesia, Analgesia and Intensive Care Medicine,  
BSMMU, Shahbag Dhaka-1000

PLEASE TYPE OR PRINT IN BLOCK LETTERS:

Name: .....  
(Family Name) (Given Name) (Middle Name)

Mailing Address: .....

.....

(City) (State) (Postal Code) (Country)

Telephone: ..... Fax: .....

E-mail: .....

Professional Degree (S): .....

Present Clinical Title of Affiliation (if any): .....

.....

Name of Hospital / Clinic: .....

CLINICAL AND / OR RESEARCH SPECIALTY and SUBSPECIALTY:

.....

LIST YOUR CURRENT ACTIVITIES AND INTERSETS IN PAIN:

.....

.....

.....

Type of Membership: ..... Regular

The regular member applicant is responsible for securing sponsorship by two members of BSSP. Upon receipt by the Secretariat, applications will be submitted to E. C. for review and final approval. The applicant will be asked to pay the dues on acceptance or application by executive committee

.....  
Signature of Applicant Date

BSSP members sponsoring you may sign below or send a separate letter:

1. ....

Signature of Sponsor Printed Name

2. ....

Signature of Sponsor Printed Name