



COMMONWEALTH MEDICAL ASSOCIATION
MEMBERSHIP APPLICATION FORM
FOR NATIONAL MEDICAL ASSOCIATIONS (NMAs)

NAME OF NMA

COUNTRY

IS YOUR COUNTRY A MEMBER OF THE COMMONWEALTH? YES..... NO.....

ADDRESS(postal/residential).....

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.....

E-MAIL ADDRESS

TEL NO(S) FAX.....

MEMBERSHIP STRENGTH

COUNTRY'S GROSS DOMESTIC PRODUCT (GPD).....

MAIN OBJECTIVES OF NMA

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LEAD OFFICERS:

President

Tel NosE-Mail.....

Secretary

Tel Nos.....E-Mail.....

Treasurer.....

Tel NosE-Mail.....

Applied for and on behalf of the national medical association (NMA) by;

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President

Secretary