

Association of Teleradiology Bangladesh (ATB)
Membership Application Form (Director/ Partner)

Applicant Name		Applicant Photo
In English: -----		
In Bengali:-----		
Date of Birth :		
Father's Name:		
Mother's Name:		
Designation :		
Contact Number		
Name of Company:	-----	
Company Address:	-----	

Member ID No:	Money Receipt no:	
Member Issue Date :	Expiry date :	

To
The President/ General Secretary of ATB
I have the honor to state that I would like to offer myself as member of ATB for your kind consideration.
Under the circumstances, I would request you to approve me as a member of Association of Teleradiology Bangladesh (ATB).

President
Association of Teleradiology Bangladesh

General Secretary
Association of Teleradiology Bangladesh

Acknowledgement receipt

Name		Age:	----- years
Father's Name		Mother's Name	
Name of Company:			
Member ID No:			

Thank you for application to ATB. Your application has been approved by the executive committee of ATB.

President
Association of Teleradiology Bangladesh

General Secretary
Association of Teleradiology Bangladesh