

**BARBADOS ASSOCIATION OF MEDICAL PRACTITIONERS**  
APPLICATION FORM Membership Information [BLOCK LETTERS]

Recent  
Passport sized  
Photograph  
(within 3 months)

Date: year/month/day \_\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth YYYY-mm-dd \_\_\_\_\_ Sex : Male  / Female

Date of Graduation for Practice \_\_\_\_\_ Medical Council Registration NUMBER: \_\_\_\_\_

Degrees with year obtained and issuing body \_\_\_\_\_

Speciality to be practised \_\_\_\_\_

Address: Home \_\_\_\_\_

Work \_\_\_\_\_

Marital Status: Married  Single  Widowed  Divorced

Telephone: Home \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_ Other interests \_\_\_\_\_

I am desirous of becoming a member of the Barbados Association of Medical Practitioners. NEW MEMBER

I am reapplying for membership in the Barbados Association of Medical Practitioners. PREVIOUS MEMBER

Specialist  General Practice  Junior doctor  Intern  Medical Student  Retiree

Signature \_\_\_\_\_

Please fax/mail/deliver to: **The General Secretary, Barbados Association of Medical Practitioners,**

**BAMP Complex, Spring Garden Highway, St. Michael, Barbados. Tel: 246-429-7569 Fax: 246-435-2328. E-mail : [info@bamp.org.bb](mailto:info@bamp.org.bb)**

[www.bamp.org.bb](http://www.bamp.org.bb)