

**MEDICAL ASSOCIATION OF TANZANIA**  
**P. O. BOX 701**  
**DAR ES SALAAM**



Date:-----

The Hon. Treasurer  
Medical Association of Tanzania  
P. O. Box 701  
DAR ES SALAAM

**APPLICATION FOR MEMBERSHIP**

I, the undersigned:\_\_\_\_\_ apply  
hereby to be enrolled as Ordinary/ Associated/ Student Member of MAT. If accepted, I shall abide by the  
Constitution and the By- laws of the Association. Enclosed herewith is Cheque/Cash/ Banker's Order for  
TShs.\_\_\_\_\_ as my membershi fee.

Signature:\_\_\_\_\_

Qualifications:\_\_\_\_\_

Date of award of M. D., M,B-ChB., or equivalent:\_\_\_\_\_

Added Qualifications Mmed/MPH/Msc/PhD etc \_\_\_\_\_

Medical Council Registration no:\_\_\_\_\_

Address: (In block letters): \_\_\_\_\_

Telephone:\_\_\_\_\_ E-mail:\_\_\_\_\_

If Associate Member: Profession in which engaged:\_\_\_\_\_

If Student Member: School and Year of Study:\_\_\_\_\_

Form of Payment: Cash/ Cheque No:\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Signature of Receiving Officer:\_\_\_\_\_