



## MEMBERSHIP APPLICATION FORM

PASSPORT  
SIZE COLOUR  
PHOTOGRAPH

Bangladesh Institute of Maritime Research and Development  
NHQ Complex, Banani, Dhaka-1213  
Email: office@bimradbd.org; office.bimrad@gmail.com

Please complete all the fields below in **capital letters** and **tick the corresponding boxes** if applicable. Mail the form to above address/e-mail. Incomplete applications will not be processed.

Type of Membership applied for:  Honorary Member  Life Member  Associate Member

### Personal & Business information

#### Name:

[As you want it to appear on your membership card and BIMRAD correspondence]

.....

Surname: .....

Male

Female

Date of Birth          
D D M M Y Y Y Y

Nationality .....

Religion .....

Cell Phone No: .....

Email: .....

#### Present Address:

.....  
.....

#### Permanent Address:

.....  
.....

#### Service/ Job Information:

Organization: ..... Rank/Post: .....

Active/Retired: ..... Years of Service: .....

#### Areas of Experience:

Academics

Research

Government

Professionals

Autonomous

#### Official/Business Address:

.....

Office Phone: ..... Office Fax: ..... Office Email: .....

#### Present Working Position:

Junior Management

Middle Management

Senior Management

Top Management

Others (Please Specify)

#### Preferred Mailing Address:

Home

Business

**Education Information**

**Highest Professional/Academic Degree:**

..... Year .....

Field of Study: .....

College/ University/ Institution: .....

Country .....

**Experience in Research Area: (If any)**

**Area of Research Interest:**

**Reason for interested to become a member of BIMRAD:**

**Expected contribute to BIMRAD:**

I hereby apply for the Membership of the Bangladesh Institute of Maritime Research and Development under relevant.

I agree that I shall obey all the rules governing the membership of the Institute as prescribed by the Memorandum of Association and Rules and Regulations of the Bangladesh Institute of Maritime Research and Development.

Yours faithfully

Date: \_\_\_\_\_  
Place \_\_\_\_\_

(Signature)

**For Office Use Only**

The application for Member \_\_\_\_\_ (Name of applicant) belonging  
 \_\_\_\_\_ (Name of organization/institution), is duly approved.

Director General  
 BIMRAD

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**To be filled by applicant**

Payment Particulars

Draft/ Cheque No. \_\_\_\_\_ Amount Tk. \_\_\_\_\_

Issuing Bank \_\_\_\_\_ Date of Issue \_\_\_\_\_

**For Office Use Only**

Membership No. \_\_\_\_\_

Date of Election. \_\_\_\_\_

Received on \_\_\_\_\_ Acknowledged on \_\_\_\_\_

Dealing Assistant Signature \_\_\_\_\_