



LEADERSHIP APPLICATION FORM

I, the undersigned: _____

Hereby apply for the post of **President –Elect, Honorary Secretary, Honorary Treasurer, General Council Representative**. If accepted, I shall abide by the Constitution and the By-laws of the Association.

Signature: _____

Qualifications: _____

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

Added Qualifications Mmed/MPH/Msc/PhD etc _____

Medical Council of Tanganyika Registration No: _____

MAT Membership Number _____

Year of Registration _____

Address: (In block letters): _____

Telephone: _____

E-mail: _____

Applicant's Signature and date: _____

Signature of Receiving Officer: _____

For Official Use Only

Council Recommendation

.....
Date.....