



# Bangladesh Tobacco Control Research Network (BTCRN)

## Secretariat

House # 8, Road # 3 Block-A, Section-11  
Mirpur, Dhaka- 1216  
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Website: www.btern.org

*Please  
submit a recent  
photograph*

## MEMBERSHIP FORM

APPLICANT'S NAME: .....  
(Capital Letter) (Last) (First) (Middle)

NATIONALITY: .....

NATIONAL ID (IF AVAILABLE): .....

DATE OF BIRTH: ..... GENDER:  MALE  FEMALE  
(Month/Day/Year)

PRESENT POSITION/TITLE: .....

NAME OF THE ORGANIZATION CURRENTLY ENGAGED IN: .....

TYPE OF ORGANIZATION (PLEASE ✓ AS APPROPRIATE):

- GOVERNMENT  UNIVERSITY /INSTITUTE  
 NGO  OTHERS (SPECIFY): .....

BUSINESS ADDRESS: .....  
.....  
.....

BUSINESS PHONE: MOBILE: ..... LAND: .....

FAX: ..... E-MAIL: .....

HOME ADDRESS: .....  
.....  
.....

HOME TELEPHONE: .....

KEY EXPERTISE (IN BRIEF): .....

.....

.....

MAJOR RESEARCH PROJECTS (PAST & CURRENT):

1. ....
2. ....
3. ....
4. ....
5. ....

LIST OF IMPORTANT PUBLICATIONS (REPORTS/ARTICLES):

1. ....
2. ....
3. ....
4. ....

MEMBERSHIP: Any Bangladeshi universities, institutions, national and local NGOs, government organizations, and individual interested in tobacco control research and willing to sign a declaration that they are in no way affiliated with the tobacco industry including the Foundation for a Smoke-free World shall be a member of the network.

MEMBERSHIP CATEGORIES (PLEASE  $\surd$  AS APPROPRIATE)

- |                          |                          |                            |
|--------------------------|--------------------------|----------------------------|
| 1. INSTITUTIONAL MEMBER  | <input type="checkbox"/> | (YEARLY FEE: Tk. 5,000.00) |
| 2. INDIVIDUAL MEMBERSHIP |                          |                            |
| A) GENERAL MEMBER        | <input type="checkbox"/> | (YEARLY FEE: Tk. 1,200.00) |
| B) LIFE MEMBER           | <input type="checkbox"/> | (FEE: Tk. 6,000.00)        |
| C) STUDENT MEMBER        | <input type="checkbox"/> | (YEARLY FEE: Tk. 600.00)   |
| D) AFFILIATE MEMBER      | <input type="checkbox"/> | (YEARLY FEE: Tk. 3,000.00) |

I do hereby apply as the ..... Member of BTCRN and understand that I should abide by the constitution, rules and procedures of BTCRN. The information mentioned above is true.

SIGNATURE OF APPLICANT: ..... DATE: .....  
*(Month/Day/Year)*