

MEMBERSHIP NO:



MEMBERSHIP APPLICATION FORM- LIFE / ORDINARY / ASSOCIATE / STUDENT MEMBER

Name	
Identification card / Passport no	
Age	
Sex	
Race	
Marital Status	
Citizenship	
Qualification	
Contact number	Home :
	Office :
	Mobile Phone :
Email address	Personal email: Official:
Address of correspondence	Home :
	Office :
FOR LIFE MEMBERSHIP	
1. Year first become FMSA member	
2. Beneficiary	Address
Name :	
I.C no :	

Signature of applicant and date :27/6/2013

Mode of payment: Cash/Bank Transfer/Cheque

Payment:

The rate of annual subscriptions payable to each category of membership shall be:

Ordinary member RM150.00

Associate member RM 100.00

Life member shall pay RM2000.00.

A Registration fee of RM50.00 is payable upon registration

All annual subscriptions shall be payable to the Treasurer In advance by date of Annual General Meeting

Please pay to:

PERSATUAN PAKAR-PAKAR PERUBATAN MALAYSIA

CIMB, UNIVERSITI MALAYA BRANCH

ACCOUNT: 14400009108051

Kindly send /post/fax the registration form and payment slip to:

Dr Iliza Idris

Treasurer FMSA

Klinik Kesihatan Ampangan,

Jalan Kuala Pilah-Seremban,

70400 Negeri Sembilan

Tel: 012-7025802

Email: eiiliza@yahoo.com

