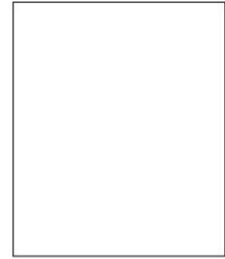




MSO-HNS MEMBERSHIP APPLICATION FORM

To: Honorary Secretary
 G-1, Medical Academies of Malaysia
 210, Jalan Tun Razak, 50400 Kuala Lumpur
 Tel: 03-4023 4700, 4025 4700, 4025 3700 Fax: 03-4023 8100
 Email: acamed@po.jaring.my



TITLE: _____
 NAME: _____ (as in identity card / passport)
 IDENTITY CARD NO (IC NO) / PASSPORT NO: _____
 MARITAL STATUS: _____
 MALAYSIAN MEDICAL COUNCIL NO REGISTRATION NO: _____
 DATE OF REGISTRATION WITH MMC: _____ (day/month/year)
 NATIONAL SPECIALIST REGISTER NO: _____
 PROFESSIONAL QUALIFICATIONS: BASIC DEGREE AND ONEPOSTGRADUATE QUALIFICATION)

QUALIFICATION	DEGREE	UNIVERSITY	COUNTRY
BASIC DEGREE			
POSTGRADUATE DEGREE			

WORKING ADDRESS: _____

 TOWN: _____ POSTCODE: _____
 STATE: _____ COUNTRY: _____
 HOME ADDRESS: _____

 TOWN: _____ POSTCODE: _____
 STATE: _____ COUNTRY: _____
 EMAIL ADDRESS: _____
 OPTIONAL EMAIL ADDRESS _____
 CONTACT NOS: _____ HOME _____ OFFICE _____
 _____ FAX _____ MOBILE _____

I am submitting this membership application to become: (Please tick as below)
 Life Member (LM) RM1000 Ordinary Member (OM) RM200 Associate Member (AM) RM50
 International Member USD100 To Update The Membership Database

- Please attach the following documents:-
1. Copy of registration with Malaysian Medical Council
 2. Copy of registration with the National Specialist Register
 3. A copy of your photograph (passport size) to be attached in the space provided
 4. A crossed cheque / cash for the appropriate amount to be payable to MSO-HNS

In submit an application for Membership of the Malaysian Society of Otorhinolaryngologists Head and Neck Surgeons (MSO-HNS), I agree to abide by the Constitution of the Association and regulations as may be enacted from time to time.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Date _____ Cash / Cheque _____ RM _____ Receipt No _____
 Issued by _____ Application Approved by Exco on _____