

# PERINATAL SOCIETY OF MALAYSIA

Suite 2-7, Medical Academies of Malaysia,  
Lot 210, Jalan Tun Razak, 50400 Kuala Lumpur  
Tel/Fax: 603-4023 4505

## APPLICATION FORM FOR MEMBERSHIP

Dear Honorary Secretary,

I would like to apply for membership of the Perinatal Society of Malaysia.

I agree to abide by its Rules and Constitution if my application for membership is approved.

I enclose herewith Cash/Cheque of RM\_\_\_\_\_ for subscription for the year(s) \_\_\_\_\_

- 1) Entrance fee - RM10.00
- 2) Ordinary Membership fee - **RM50.00 per year**
- 3) Life membership fee - RM500.00

**PSM CIMB account: 8000-508406**

### PARTICULARS

1. Full Name (BLOCK LETTERS):.....  
Underline surname please
2. IC. No.: .....
3. Professional Qualifications & Year: .....
4. Home address: .....  
.....  
.....
5. Office Address:.....  
.....  
.....
6. Email: ..... Mobile No.:.....
7. Correspondence Address: Home / Office

Proposer\*:.....Second\*:.....

\*Both should be members of the Perinatal Society of Malaysia

Signature of applicant:..... Date: .....

### OFFICIAL USE:

1) Membership approved on: \_\_\_\_\_

2) Membership no. : \_\_\_\_\_ Receipt sent on: \_\_\_\_\_