

PERINATAL SOCIETY OF MALAYSIA

Unit 2.4(Suite 3) Enterprise 3B,
Technology Park Malaysia,
Lebuhraya Puchong-Sg Besi,57000 Bukit Jalil
Kuala Lumpur
Tel/Fax: 603-89964505

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*:.....Seconder*:.....

*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: _____