

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: _____