



MEMBERSHIP APPLICATION

1. Name in Full: Sex: M / F
(in **BLOCK** letters)

2. Correspondence Address :

3. Tel No. (Office): (Home):
Mobile No: Email:

4. Date of birth :

5. New IC No. :

6. Category of Membership applied for : Ordinary Associate Life
(Entrance fee RM10.60 (Entrance fee RM10.60 (Entrance fee RM10.60
Yearly subscription Yearly subscription and 1 lump sum of
RM63.60) RM38.16) RM1272)

7. Qualification	<u>Degree / Diploma</u>	<u>Institution</u>	<u>Year</u>
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8. Present Appointment & Address :

9. Proposed and seconded by (*Must be members of the Society*)
(i) Name :
Address :

(ii) Name :
Address :

10. Payment: RM
 Cash Cheque payable to Malaysian Society of Intensive Care

Date : Signature :

Send completed form with cheque to : Malaysian Society of Intensive Care
G-1, Medical Academies of Malaysia
210, Jalan Tun Razak
50400 Kuala Lumpur, Malaysia

<p><u>FOR OFFICE USE</u></p> <p>Verified and approved by committee on ___ / ___ / _____</p>
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