

# MALAYSIAN SOCIETY OF AESTHETIC MEDICINE

PERSATUAN PERUBATAN AESTETIK MALAYSIA (1495-06-SEL)

## MEMBERSHIP APPLICATION FORM

<b>Information</b>	<b>Photo</b>
Name (As in NRIC):	
Title:	
NRIC No. (New):	
Date of Birth (DD/ MM / YY):	

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Nationality:	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Others:*			
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Others:*		
Race:	<input type="checkbox"/> Malay	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Others:*	
Religion:	<input type="checkbox"/> Islam	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Christianity	<input type="checkbox"/> Buddhism	<input type="checkbox"/> Others:*
Employment Status:	<input type="checkbox"/> Specialist (Govt)	<input type="checkbox"/> Medical Officer	<input type="checkbox"/> House Officer		
	<input type="checkbox"/> Specialist (Private)	<input type="checkbox"/> General Practice	<input type="checkbox"/> Others:*		

APC No./ Date:

(\* Please specify)

Qualifications			
Degree	University	Country	Date Qualified

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<b>Contact Details</b>			
<b>Residential Address:</b>			
<b>Postcode:</b>	<b>City:</b>	<b>State:</b>	<b>Country:</b>
<b>Practicing Address:</b>			
<b>Postcode:</b>	<b>City:</b>	<b>State:</b>	<b>Country:</b>
<b>Clinic Tel:</b>	<b>Mobile:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Please forward all my correspondence to:</b>		<input type="checkbox"/> <b>Residential Address</b>	<input type="checkbox"/> <b>Practicing Address</b>

<b>Declaration</b>	
In submitting an application for Membership for the Malaysian Society of Aesthetic Medicine, I solemnly agree to practice in accordance to the Standards of the Code of Medical Ethics and shall abide by the Constitution of the Society and regulations as may be enacted from time to time.	
_____ Signature of Applicant	_____ Date
_____ Signature & name of Proposer NRIC:	_____ Signature & name of Seconder NRIC:
Please ensure that the Application Form is duly completed and is accompanied by the following:	
1. Copy of NRIC, current APC and a passport sized colored photograph	
2. A crossed cheque / bank draft / money order made to <b>"Malaysian Society of Aesthetic Medicine"</b>	
Membership Fees:	
1. First Time Annual Membership Fee	: RM 250
2. Annual Membership Renewal Fee (2 <sup>nd</sup> Year onwards)	: RM 100
Address all applications to:	
<b>The Secretary</b> <b>Malaysian Society of Aesthetic Medicine</b> Suite 005 Mailboxes Etc KL Eco City Mall UG-07 Kompleks Perniagaan, No. 3 Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur.	
<b>Office Use:</b>	
<b>Received on:</b>	<b>Committee viewed on:</b>
<b>Status: Approved / Not Approved</b>	<b>Comments:</b>
<b>Secretary signature:</b>	<b>President signature:</b>