

**MALAYSIAN MEDICAL ASSOCIATION  
4<sup>TH</sup> FLOOR, MMA HOUSE, 124 JALAN PAHANG  
53000 KUALA LUMPUR**

**TEL NO: 03-40411375 FAX: 03-40419929**  
**E-MAIL: [membership@mma.org.my](mailto:membership@mma.org.my)/[aids@mma.org.my](mailto:aids@mma.org.my)**

**HOME PAGE: [www.mma.org.my](http://www.mma.org.my)**

**APPLICATION FORM FOR SOCIETIES WITHIN MMA**

**1) MEMBERSHIP OF SOCIETIES**

- I.** Please note that the membership of the respective Society shall be open to **MEMBERS OF MMA** who belong to the respective discipline or specialty or are undergoing training in the relevant discipline.
- II.** Please ensure that this application form is fully completed and accompanied by a crossed cheque or money order **PAYABLE TO THE RESPECTIVE SOCIETY** as mentioned in item 2 (i) to (v).

**2) Please tick the Society that you wish to join:**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- i) MMA Ophthalmological Society
- ii) MMA Public Health Society
- iii) MMA Physicians for the Prevention of Nuclear War
- iv) MMA Society of Occupational and Environmental Medicine
- v) MMA Society of Sport Medicine

**3) Name of Member as per MMA register:** \_\_\_\_\_

**4) NRIC: New :** \_\_\_\_\_ **Old :** \_\_\_\_\_

**5) Male :**  **Female:**  **Date of Birth :** \_\_\_\_\_

**6) Are you a member of MMA?**  **YES**  **NO**

If YES, please state membership status as below:

MMA Membership status : (Please tick)

i)  Life Member

ii)  Ordinary Member  
(Please state latest subscription paid : \_\_\_\_\_ )

7) Date of registration with MMC: \_\_\_\_\_ 8) MMC registration no: \_\_\_\_\_

9) WORKING ADDRESS

HOUSE ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode : \_\_\_\_\_

Postcode : \_\_\_\_\_

Tel No : \_\_\_\_\_

Tel No : \_\_\_\_\_

Mobile No : \_\_\_\_\_

Fax No : \_\_\_\_\_

Fax No : \_\_\_\_\_

E-mail : \_\_\_\_\_

E-mail : \_\_\_\_\_

10) Please indicate your correspondence address  Working  House

11) Special levy fee RM50.00 (Cash/Cheque No. enclosed) : \_\_\_\_\_

12) Being payment for the year : \_\_\_\_\_

Signature of Member : \_\_\_\_\_

Date : \_\_\_\_\_

**FOR INFORMATION**

1. Please inform us of your change of address and any data that you wish to update from time to time so that we can service you efficiently.
2. Our membership follows the calendar year, i.e. it commences on **1<sup>st</sup> January** and ends **31<sup>st</sup> December** of each year. Therefore it is advisable for you to pay the fees beginning of each year so that you will be able to utilise your membership card for the full year.
3. With effect from 1/1/2000 as per the new MMA Constitution, a member who is in arrears of subscription for more than **six** months on 30<sup>th</sup> of June shall automatically cease to be a member. As such, all members must pay their current year subscription **by 30<sup>th</sup> June**.

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**FOR OFFICE USE ONLY**

**VERIFICATION OF MMA MEMBERSHIP**

MMA Membership Status:	Remarks
i) Life Membership:	_____
	_____
ii) Ordinary Member:	_____
(Latest subscription paid):	_____

**SOCIETY MEMBERSHIP PROCESSED ON:**

Date Paid : \_\_\_\_\_

Cash/Cheque No : \_\_\_\_\_

Receipt No : \_\_\_\_\_

RM : \_\_\_\_\_

Processed by (Name) : \_\_\_\_\_ Signature: \_\_\_\_\_

Remarks if any : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_