

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

TEL NO: 03 4041 1375 FAX: 03-4041 9929
EMAIL: membership@mma.org.my/aids@mma.org.my

HOME PAGE: 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"/> | i) MMA Public Health Society |
| <input type="checkbox"/> | ii) MMA Society of Occupational and Environmental Medicine |
| <input type="checkbox"/> | iii) MMA Society of Sports 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 : _____

Mobile No : _____

Fax No : _____

Fax No : _____

Email : _____

Email : _____

(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 **1st January** and ends **31st 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. As per the MMA Constitution, a member who is in arrears of subscription for more than **six** months on 30th June shall automatically cease to be a member. As such, all members must pay their current year subscription by **30th June**.

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 : _____

Receipt No : _____

RM : _____

Processed by (Name) : _____

Signature : _____

Remarks if any : _____

