



MALAYSIAN MEDICAL ASSOCIATION MEMBERSHIP FORM

To : The Honorary General Secretary
MALAYSIAN MEDICAL ASSOCIATION
 4th Floor, MMA House, 124 Jalan Pahang, 53000 Kuala Lumpur
 Tel No. 03-4041 1375 Fax No. 03-4041 9929

E-mail: memberships@mma.org.my / query@mma.org.my MMA Website: www.mma.org.my



Application For **New Membership** **Renewal of Membership** **Lapsed / Rejoined** (Please tick)

1 Name

2 Title (e.g. Tan Sri, Dato', Prof, Dr)

3 NRIC New Old

4 Date Of Birth 5 Sex : Male Female

6 Marital Status Married Single Others :

7 Nationality : Malaysian Others (Please state)

8 Race : Malay Chinese Indian Iban Kadazan Others (Please state)

9 MMC Registration No: 10 Date Of Reg With MMC

(To enclose a copy of MMC certificate or APC Form) DAY MONTH YEAR

11 Spouse's Name

12 Spouse's NRIC New Old

Is he/she Joint Member : Yes No (If joint member, spouse must complete & submit a separate application form)

13 Professional Qualifications : (Basic Degree and One Postgraduate qualification)
 (Pls state the full date you obtained the Degree as our computer system does not accept ' part' date)

QUALIFICATION	DEGREE	UNIVERSITY	COUNTRY	DATE OF QUALIFICATION
BASIC DEGREE				
1.POSTGRADUATE				
2.POSTGRADUATE				
3.POSTGRADUATE				

14 Working Address Post Code

City State Country

15 Home Address Post Code

City State Country

16 Contact No HSE - OFF -

H/P - FAX -

E-MAIL

17 Please send my correspondence to my Working Address House Address
 (Please inform change of address, telephone numbers e-mail address whenever you have moved for both the working & house address)

18 Please tick ✓ the appropriate box

Employment Status

- (A) Armed Forces
- (AS) Armed Forces
- (G) Government
- (GS) Government
- (P) Private
- (PS) Private
- (U) University
- (US) University
- (MS) Medical Student

Categories

- Medical Officer
- House Officer
- Registrar Specialist
- Specialist
- Public Health Specialist
- General Practitioner
- Private Medical Officer Specialist
- Lecturer

19 Your Nature of Practice : (Please tick (v) your speciality below)

Description

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Accident & emergency | <input type="checkbox"/> Forensic Medicine | <input type="checkbox"/> Neuro Surgery | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Anaesthetics | <input type="checkbox"/> Government Medical Officer | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Aviation Medicine | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Obstetric & Gynaecology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> General Medicine/Internal Medicine | <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Radiotherapy |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> General Practice | <input type="checkbox"/> Oncology | <input type="checkbox"/> Rehabilitation Medicine |
| <input type="checkbox"/> Chemical Pathology | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Ophthalmology Surgery | <input type="checkbox"/> Renal Medicine |
| <input type="checkbox"/> Chest Medicine | <input type="checkbox"/> General Pathology | <input type="checkbox"/> Orthopaedic Surgery | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Colorectal & Gen Surgery | <input type="checkbox"/> Haematology | <input type="checkbox"/> Otorhinolaryngology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Child Psychiatry | <input type="checkbox"/> Hepatology | <input type="checkbox"/> Private Hospital Medical Officer | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Cytopathology | <input type="checkbox"/> Histopathology | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Thoracic Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Immunology | <input type="checkbox"/> Paediatric Surgery | <input type="checkbox"/> Society Psychiatry |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Industrial Health | <input type="checkbox"/> Paediatric Gastroentology | <input type="checkbox"/> Underwater Medicine |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Medical Administration | <input type="checkbox"/> Parasitology | <input type="checkbox"/> Urology Surgery |
| <input type="checkbox"/> Ear, Nose & Throat Surgery | <input type="checkbox"/> Microbiology | <input type="checkbox"/> Physician & Rheumatologist | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> Facial Surg | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Physiology (Neuro Science) | <input type="checkbox"/> Others (Please State) |
| <input type="checkbox"/> Family/Primary Care Physician | <input type="checkbox"/> Neurology | <input type="checkbox"/> Plastic Surgery | |

I AM SUBMITTING THIS MEMBERSHIP FORM AS BELOW (Refer to the attached page for subscription fees Rate)

- Ordinary Member
 Joint Ordinary Member (Spouse)
 Associate Member
 Oversease Ordinary Member
 Life Member
 Joint Life Member (Spouse)
 House Doctor (Provisionally registered with the MMC)

Medical Officer (All doctors for the first ten (10) years after housemanship ; (Please tick v appropriate box)

1st yr
 2nd yr
 3rd yr
 4th yr
 5th yr
 6th yr
 7 th yr
 8th yr
 9th yr
 10 th yr
 Medical Student Member - Please state year of study
 University of
 Year of Completion

(A letter of certification for the respective University / College is required for student members)

In submitting an application for membership of the Malaysian Medical Association, I agree to abide by the Constitution of the Association & regulation as may be enacted from time to time.

Signature of Application

Signature of Proposer

Signature of Seconder

Name:

Name :

Name :

Date :

Nric No :

Nric No :

(PLEASE NOTE THAT THE PROPOSER AND SECONDER MUST BE MEMBERS OF MMA)

NOTES : PLEASE ENSURE THAT THE APPLICATION FORM IS FULLY COMPLETED AND ACCOMPANIED BY THE FOLLOWING DOCUEMENTS TO AVOID DELAY IN PROCESSING YOUR APPLICATION

- 1 Copy of registration with Malaysian Medical Council OR Copy of current Annual Practicing Certificate OR A letter of Certification from the Head of Department for government doctors
- 2 Copy of identity card or passport
- 3 A copy of your photograph (I/C size) to be attached in the space provided (Optional)
- 4 A Crossed Cheque / Bank draft / Money Order OR postal order for the appropriate amount to be payable to 'MALAYSIAN MEDICAL ASSOCIATION' OR complete the attachment credit card form
(The membership follows the calender year i.e. it commences on 1st January and ends on 31st December of each year . Therefore, it is advisable to join early in the year to enjoy the whole year benefits)

SILA DAPATKAN PENGESAHAN PERKHIDMATAN DARIPADA KETUA JABATAN SEKIRANYA TIDAK MELAMPIRKAN SIJIL PERAKUAN AMALAN TAHUNAN (APC) ATAU SIJIL PENDAFTARAN DENGAN MAJLIS PERUBATAN MALAYSIA

Saya dengan ini mengesahkan bahawa Dr No. K/P Baru /
 No. K/P Lama Sedang berkhidmat di Hospital ini sebagai * House Doctor atau * Pegawai Perubatan di tahun

Sekian terima kasih

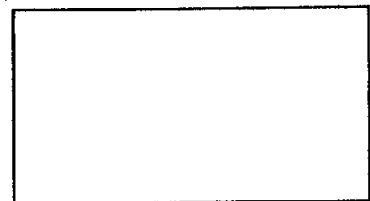
Tandatangan

Name

Cop

No K/P Baru

Tarikh



To Publication Section, Mma (for doctors only)

I am interested/not interested in receiving a copy of the MJM.

Yes

No

FOR OFFICE USE ONLY

Date Paid	Payment for	Cash/Cheque/MO/PO	RM	Receipt No	Issued by

E-File by :

Comments if any :

Date : Time:

ARTICLE III

MEMBERSHIP

The membership of the Association shall consist of the following categories:-

(1) Honorary Membership:

The Association may confer Honorary Membership on those persons who, whether or not registered in the Medical Register, have done exceptional work in the fields of Medicine and allied sciences or have rendered meritorious service in the cause of Medicine and associated sciences or to this Association.

(2) Life Membership:

Life Membership of the Association shall be opened to Ordinary Members who in place of annual subscription to the Association, shall have contributed to the Capital of the MMA Special Savings (Life Investment) Fund established by the Association, an amount determined by the Annual General Meeting from time to time. The annual income, generated by investment of the Accumulated Capital contributions of each member to the Fund shall be irrevocably assigned in perpetuity by the contributor to the Council of the Association to disburse as it deems fit.

(3) Ordinary Membership:

Ordinary Membership shall be opened to every medical practitioner whether registered or provisionally registered or conditionally registered in the Register kept by the Registrar of Medical Practitioners and those terms shall have the meaning assigned to them by the Medical Registration Ordinance currently in force.

(4) Overseas Membership:

Overseas Membership shall be opened to a registered medical practitioner whose permanent residence is outside Malaysia.

(5) Associate Membership

Associate Membership shall be opened to para Medical Personnel who being qualified in their respective profession legally practise in Malaysia.

(6) Student Membership:

Student Membership shall be opened to registered medical students who are citizens of Malaysia and who are undergraduates in any medical school, provided that no local University or University College student shall be admitted as a member without the prior written approval of the Vice-Chancellor concerned.

(7) Exempt Membership:

Exempt Membership shall be opened to medical practitioners who have been Ordinary Members in good standing of at least 20 years and have attained the age of 65 years.

ARTICLE IV

SUBSCRIPTIONS

(1) The Annual General Meeting on the recommendation of Council shall determine from time to time the rate of annual subscriptions payable by all categories of members except Honorary Members subject to the prior approval of the Registrar of Societies.

(2) The subscriptions shall become due and payable on 1st January of each year without any notice from the Association and shall become an undischarged debt due to the Association on the 30th June of the same year.

(3) If any member shall fail to pay subscription for any year and this failure shall continue to persist on the 30th June of that year, that member shall cease to enjoy all the benefits and privileges available to or enjoyed by members in benefit immediately (and shall not be eligible to attend or vote at any general meeting of the Association) and if such member shall:

- (i) continue to fail to settle the subscription in arrears for that year when it fell due and the subscription in arrears remain outstanding on the 31st of December that year, he/she shall automatically cease to be a member of the Association **SUBJECT TO ARTICLE VI (ii)**; or
- (ii) Settle the subscription in arrears for that year when it fell due before the 31st December of that year, all benefits and privileges available to or enjoyed by members in benefit shall be immediately restored and for avoidance of doubt, in such an event, the period of the membership of such member shall not be taken to have been broken by virtue of the cessation of his/her membership prior to his/her settlement of the subscription in arrears within that same year when it fell due.

(4) A member in benefit is a member who is not in arrears of subscriptions for more than 6 months.

ARTICLE V

PRIVILEGE OF MEMBERSHIP

- (1) The privilege of membership is the participation in all activities arranged or organized by the Association including:
- (i) the Council and its committees;
 - (ii) the Branch and its Sub-committees;
 - (iii) Sections, Societies and its Sub-committees;
- in the context of the objects of the Association, full and adequate notice being given to each member of all such activities.
- (2) Honorary, Associate, Student and Overseas members will enjoy all the privileges of Ordinary/Life and Exempt membership except that of voting or of holding office in the Council and Branch Committees of the Association.
- (3) All members of the Council and officers of the Association including Branches, Sections, Societies, Committees and Representatives to Government and Non-Governmental Organisations shall be Malaysian citizens.

ARTICLE VI

TERMINATION OF MEMBERSHIP

- (1) Termination of membership shall take place in any one or more of the following ways:
- (i) By clear intention expressed in writing to resign membership for whatever cause.
 - (ii) Automatically on the 31st December of the year when the annual membership subscription falls into arrears for more than 12 months.
 - (iii) Automatically on the day the name of the member is removed from the Medical Register maintained by the Malaysian Medical Council.
 - (iv) By expulsion by the Association acting in accordance with the procedure prescribed by the Code of Ethics and Rules of the Ethics Committee prescribed by the Association and binding on all members.

BY-LAW III

SUBSCRIPTIONS

- (1) The rate of annual subscriptions payable by each category of membership shall be:

(i) Ordinary Members RM 250.00 per annum	Joint Ordinary member (Spouse) RM125 (Total RM375.00 per annum)
(ii) Overseas Members RM 500.00 per annum	
(iii) Associate Members RM 250.00 per annum	
(iv) Student Members RM 20.00 per annum	

(2) REDUCTION OF SUBSCRIPTIONS

The Council may reduce annual subscriptions for members as follows:

- (a) RM 150.00 for all registered Medical Practitioners in the first 10 years of practice.
- (b) Deleted
- (c) New members in any category of membership specified in By-Law III (1) (except student members) enrolled in the period 1st July to 31st December, the membership fee is waived. The membership fee paid would be for the following year.
- (d) RM 112.50 (from 1/1/05) and RM 125.00 (from 1/1/07) for New Members in any category of membership specified in By Law III (1) (except student members) enrolled in the period 1 July to 31 December, the reduction being for the year only.

MALAYSIAN MEDICAL ASSOCIATION

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CREDIT CARD PAYMENT INSTRUCTION FORM (PIF)

I hereby authorise (name of bank) _____ to debit my account.

Please tick the relevant box Master Card OR Visa Card for the payment of subscription fee/s

as indicated in the attached form MMA Membership Renewal OR Lapsed & Rejoined Membership

Life Membership

New MMA Membership

RM

Life Membership : _____

MMA Membership Subscription fee for year : _____

Total : _____

DETAILS OF CARDHOLDER

Cardholder's name (as stated in the credit card) : _____

Full Name : _____

I/C No : New _____ Old _____

Address : _____

Postcode : _____ E-mail : _____

Office Tel No : _____ H/P : _____

Card Expiry Date : _____ Code No:

Master/Visa credit card account no

I agree to the terms and conditions of the platinum/gold/classic cardholder agreement which have been made available to me.

Cardholder's signature _____ Date _____

FOR OFFICE USE ONLY

Merchant number : _____

Authorisation code : _____

Authorisation date : _____

Verified by (name of staff) : _____

Signature : _____

Date : _____