



**PERSATUAN PENDIDIKAN SAINS PERUBATAN DAN KESIHATAN MALAYSIA**

*(Malaysian Association of Education in the Medical and Health Sciences)*

No. Pertubuhan ROS : PPM-005-14-18121984

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**MEMBERSHIP APPLICATION FORM**

To:

Jabatan Pendidikan Perubatan,  
Tingkat 13, Bangunan Pra-Klinikal,  
Pusat Perubatan Universiti Kebangsaan Malaysia,  
Jalan Yaacob Latiff, Bandar Tun Razak,  
Cheras, 56000 Kuala Lumpur

Sir/Madam,

I wish to become a member of the Persatuan Sains Perubatan dan Kesihatan Malaysia and I hereby agree to abide by the Bye-Laws of the Association.

**Personal Particulars :**

Full name (in capital letters): \_\_\_\_\_ Gender (Male/Female)

Title : Tan Sri/Tun/Toh Puan/Prof/Prof Madya/Dr/Tuan/Puan/Cik/etc: \_\_\_\_\_

Date of birth : \_\_\_\_\_ Place of birth : \_\_\_\_\_ Nationality : \_\_\_\_\_

Identification Card : MyKad/Passport No: \_\_\_\_\_ Profession : \_\_\_\_\_

Job title : \_\_\_\_\_ Address of Workplace : \_\_\_\_\_

Residential Address : \_\_\_\_\_

Email address : \_\_\_\_\_ H/phone number : \_\_\_\_\_

Tel. number (office/home): \_\_\_\_\_

Areas of Interest/ Expertise : \_\_\_\_\_

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I hereby forward a cheque/online transfer/cash of RM \_\_\_\_\_ (payment for Entrance Fee RM20 and Annual Subscription RM30/ Lifetime Membership RM 200)

\* Lifetime membership is only for ordinary members who have paid for life membership.

(Maybank 564137500268 : Persatuan Pendidikan Sains Perubatan dan Kesihatan Malaysia)

Date: \_\_\_\_\_ Signature of Applicant : \_\_\_\_\_  
PROPOSER

Name of Proposer : \_\_\_\_\_

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**FOR OFFICE USE ONLY**

The application of \_\_\_\_\_ for membership to the Association was approved at the Executive Council Meeting on \_\_\_\_\_.

LM / OM : \_\_\_ / \_\_\_ / 20\_\_

Date : \_\_\_\_\_ Signature of Honorary Secretary: \_\_\_\_\_