



MEMBERSHIP APPLICATION

1. Name in Full: Sex: M / F
(in Block letters)

2. Correspondence Address

3. Tel No. (Office): (Home):
 Mobile No: Email:

4. Date of birth:

5. New IC No. :

6. Category of Membership applied for :

	Ordinary	Associate	Life
	(Entrance fee RM10 Yearly subscription RM60/-)	(Entrance fee RM10 Yearly subscription RM36/-)	(Entrance fee RM10 and 1 lump sum of RM1200/-)

7. Qualification

<u>Degree / Diploma</u>	<u>Institution</u>	<u>Year</u>
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.....
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8. Present Appointment & Address :

9. Proposed and seconded by (*Must be members of the Society*)

(i) Name :
 Address :

(ii) Name :
 Address :

10. Payment: RM.....
 Cash Cheque payable to Malaysian Society of Intensive Care

Date : Signature :

Send completed form with cheque to : Malaysian Society of Intensive Care
 Unit 1.6, Level 1 Enterprise 3B, Technology Park Malaysia(TPM), Jalan Innovasi 1, Lebuhraya Puchong-
 Sungei Besi, Bukit Jalil, 57000 Kuala Lumpur, Malaysia

<u>FOR OFFICE USE</u>
Verified and approved by committee on ___/___/_____