



# PERSATUAN PEDIATRIK MALAYSIA MALAYSIAN PAEDIATRIC ASSOCIATION

## APPLICATION FOR MEMBERSHIP

The Honorary Secretary  
Malaysian Paediatric Association  
16-07, 16<sup>th</sup> Floor  
Menara Arina Uniti  
97, Jalan Raja Muda Abdul Aziz  
50300 Kuala Lumpur

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

Dear Sir,

I wish to apply for the membership with the Association, and agree to abide by its rules.  
My particulars are as follows:

Name	:	_____
NRIC No.	:	_____
Correspondence	:	_____
		_____
Office Address	:	_____
		_____
Telephone (Home)	:	_____ H/P No.: _____
Tel (office)	:	_____
Fax	:	_____
Email	:	_____
Degree	:	_____

*\*Please include a copy of your MBBS & postgraduate degree together with your application form*

Enclosed herewith is Cash / Cheque / Postal Order / Money Order / for RM \_\_\_\_\_ being, my subscription fee as a Life / Ordinary / Associate Member. (Cheque no. \_\_\_\_\_)

Yours faithfully,

N.B.

- |                      |                  |                |
|----------------------|------------------|----------------|
| 1. Subscription Fee: | Life Member      | RM 1000.00     |
|                      | Ordinary Member  | RM 100.00/year |
|                      | Associate Member | RM 30.00/year  |

2. All Cheques must be crossed A/C Payee Only and made payable to the "**MALAYSIAN PAEDIATRIC ASSOCIATION**". An additional 50 sen to be included for outstation cheques

For Official Use Only:

Receipt number : \_\_\_\_\_

Membership number : \_\_\_\_\_