PERSATUAN PERUBATAN SUKAN MALAYSIA

(MALAYSIAN ASSOCIATION OF SPORTS MEDICINE)

Passport Size picture

MEMBERSHIP APPLICATION

Name & Title (if any)

Birthdate (dd/mm/yy) **Sex: M/F** **IC Number**

Occupation **Mobile No:**

Postal Address with postcode

E-mail: (Personal) _____ **Office:** _____

Membership Type (circle): O = Ordinary L = Life C = Corporate

Academic Qualifications: _____

Applications for Ordinary membership should include photocopies of certificates of academic/professional qualifications)

Specific areas of interest/research: _____

Please send application form to Hon. Secretary, Malaysian Association of Sports Medicine Suite 1-16, Medical Office Building, 282, Jalan Ampang, 50450 Kuala Lumpur or email to sportsmed.my@gmail.com. Membership fee may be paid (1) by posting a cheque to the Hon Secretary; (2) by cash or cheque at any Affin Bank branch or (3) via internet banking. Use the following banking information: **Persatuan Perubatan Sukan Malaysia,** Account number – 10-020-002068-3. Please email your bank-in slip or online transaction as proof of payment.

Proposed* by: _____ Membership No: _____Signature: _____

Seconded* by: _____ Membership No: _____ Signature: _____

*In accordance with the Rules of the MASM, the Proposer and Seconder must be Ordinary or Life members of the MASM.

I declare that the particulars given above are correct and, if elected, agree to abide by the Rules of the MASM.

Date:_____ Signature:_____

MEMBERSHIP SUBSCRIPTION RATE	**FOR OFFICE USE**
Ordinary: RM 50/year	Signature of President: _____
Associate: RM 30/year	Date of approval:_____
Life: RM 500	Membership No:_____
Corporate: RM 500/year	Fees received (cash/cheque/online): :_____
	Receipt No. :_____