PERSATUAN PERUBATAN SUKAN MALAYSIA

(MALAYSIAN ASSOCIATION OF SPORTS MEDICINE)

MEMBERSHIP APPLICATION

Name & Title (if any)

Birthdate (dd/mm/yy) **Gender M/F** **Nationality**

IC Number or Passport No **Occupation**

Postal Address

Telephone No: **Mobile No:**

Common E-mail address: _____

Alternate E-mail address: _____

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

Academic Qualifications:

a) _____

b) _____

Areas of Interest in Sports Medicine

a) _____

b) _____

Current Involvement in Sports Medicine:

a) _____

b) _____

I hereby certify that all the above particulars are correct and true. Enclose herewith is cash / cheque; Bank:_____ Cheque no:_____ for the sum of RM _____ being the payment for the membership applied.

Please make the cheques payable to : **"Persatuan Perubatan Sukan Malaysia".**

I agree to abide by the rules and regulations of the association on joining as a member.

Date:_____ Signature:_____

SUBSCRIPTION RATES	**FOR OFFICE USE**
Ordinary Member: RM30/year	Date of approval:_____
Life Member: RM250/year	Membership No:_____
Corporate Member: RM250/year	Cheque No. :_____
	Receipt No. :_____

Please hand this form at one of the official meetings with your cheque or via a Council Member of MASM.

Email the Treasurer at mahendranappukutty@yahoo.com to inform him that you are going to pay at a particular meeting or via a council member so he can prepare the receipt.