PERSATUAN PERUBATAN SUKAN MALAYSIA

(MALAYSIAN ASSOCIATION OF SPORTS MEDICINE)

PPM-005-14-14061973

MEMBERSHIP APPLICATION FORM

Passport Size picture

Name & Title (if any)

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

Occupation **Mobile No:**

Home Address with postcode

Work 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 **secretary@malaysiansportsmed.org**. Membership fee may be paid by the following methods:

1) cheque to the Hon Secretary;
2) cash-in or cheque at any Affin Bank branch
3) online transfer (internet banking)

Bank details:

Bank Affin Berhad
Persatuan Perubatan Sukan Malaysia
Acc number – 10-020-002068-3.

Kindly 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 : _____ Applicant's 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. : _____

Enquiries; Mail to **secretary@malaysiansportsmed.org**

Rules of the Malaysian Association of Sports Medicine and other information are available at : **www.malaysiansportsmed.org**