



PERSATUAN PEDIATRIK MALAYSIA MALAYSIAN PAEDIATRIC ASSOCIATION

APPLICATION FOR MEMBERSHIP

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

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*

N.B.

1. Subscription Fee: Life Member RM 1000.00
Ordinary Member RM 100.00/year
Associate Member (only for allied health professionals) RM 30.00/year

2. Payment Method

Cash Cheque No. _____

Electronic Bank Transfer Bank Draft No. _____

Name of bank : CIMB BANK BERHAD
Name : MALAYSIAN PAEDIATRIC ASSOCIATION
Account : 80-0050740-9
Swift Code : CIBBMYKL
Banker : CIMB Bank Berhad
64, Jalan Raja Muda Abdul Aziz, 50300 Kuala Lumpur.