

Malaysian Society of Rheumatology - Membership Application Form

Name : _____

Date Of Birth : _____ Sex : Male / Female

Occupation : _____ Specialty : _____

Place of Practice: _____

Address (Work) : _____

: _____

Postcode : _____ State : _____

Tel. : _____ Mobile : _____

Email : _____

Current Position: () Rheumatologist
() Rheumatology Trainee

() Non-Rheumatology Doctor / Nurse / Allied Health / Others (please circle)

Reason of Application : _____

Reference (Please name a current MSR Member for us to verify your involvement in rheumatology): _____

I enclose herewith:

Membership	Entrance Fee	Annual Subscription	Five years' subscription
a. Ordinary member	() RM 100.00	() RM 50.00	() RM 250.00
b. Associate member*	() RM 30.00	() RM 10.00	() RM 50.00
c. Corporate member	() RM 1000.00	() RM 500.00	() RM 2500.00

* For paramedic

Signature of applicant

Date

Please send your form to secretariat@msr.my

* All the details above are mandatory and kindly ensure accuracy of details

* Upon approval by the committee member, the secretariat will inform you via email for payment of membership fees. Banking details will be provided

* to update personal details (e.g. email, mobile number, place of practice & etc) kindly email to secretariat@msr.my