

## MEMBERSHIP APPLICATION

Application for: (Select one)

☐ Ordinary Member

☐ Life Member

☐ Associate Member

Upgrade to: (select one)

☐ Ordinary Member

☐ Life Member

### Membership categories

#### Ordinary Member

For Ophthalmologists practising in Malaysia who possess a recognized postgraduate qualification in Ophthalmology.  
An Entrance Fee + Annual Subscription Fee apply.

#### Life Member

For Ophthalmologists practising in Malaysia who possess a recognized postgraduate qualification in Ophthalmology.  
An Entrance Fee + a single lump sum Membership Fee apply.

#### Associate Member

For Medical Doctors without a registrable postgraduate qualification in Ophthalmology, but who are either enrolled in a formal training programme in Ophthalmology, or who are practicing Ophthalmology. An Entrance Fee + Annual Subscription Fee apply.  
Associate Members shall enjoy full membership benefits except for the right to vote and hold office.

Please type or print clearly all the information that is required, and check the appropriate boxes where applicable.

### PERSONAL PARTICULARS

Name

(As in IC / Passport)

Title

(eg. Dato', Prof, Dr)

Date of birth

(dd/mm/yy)

☐ Male ☐ Female

Nationality

NRIC number

(new)

Mailing address: ☐ Office Address ☐ Home Address (please select one)

HOME ADDRESS

City / Town

Postcode

State

Country

OFFICE ADDRESS

(Main practice)

City / Town

Postcode

State

Country

Phone No. (home)

Fax No. (home)

Phone No. (office)

Fax No. (office)

Phone No. (mobile)

E-mail address 1

E-mail address 2

Preferred method of member communication: ☐ by post ☐ by email

Malaysian Medical Council

Registration Number (required)

Date of registration

(dd/mm/yy)

## PROFESSIONAL QUALIFICATIONS

### Basic Medical Degree

**Degree**

(e.g. MBBS, MD)

**City / Country**

**University**

**Date**

(mm/yy)

### Post Graduate Qualifications in Ophthalmology

Applicants applying for **Ordinary** and **Life Membership** must complete this section.

**I. Degree**

(e.g. FRCS, MSc)

**City / Country**

**University/**

**Institution**

**Date (mm/yy)**

**II. Degree**

(e.g. FRCS, MSc)

**City / Country**

**University/**

**Institution**

**Date (mm/yy)**

**III. Degree**

(e.g. FRCS, MSc)

**City / Country**

**University/**

**Institution**

**Date (mm/yy)**

### VERIFICATION BY HEAD OF DEPARTMENT / TRAINING SUPERVISOR

Applicants applying for **Associate Membership** must complete this section.

**I certify that the Applicant is currently** ☐ enrolled in an Ophthalmology training programme

(please select one)

(Expected year of completion)

☐ practising Ophthalmology in my Department / Hospital

**Full Name**

**Institution**

**Signature**

**Date**

### STATEMENT OF SUPPORT from Two Ordinary or Life members (required)

I certify that I am personally acquainted with the Applicant, and attest to his/her professional competence and conduct. I support this application for membership to the Malaysian Society of Ophthalmology.

**I. Full name**

**II. Full name**

**Signature**

**Signature**

**Date**

**Date**

I declare that all information submitted in support of this application is true and complete, and I agree to abide by the Constitution of the Malaysian Society of Ophthalmology at all times.

**Signature**

**Date**

<b>PAYMENT</b>	<b>A. Entrance Fee</b>	<input type="checkbox"/> Ordinary / Life Member RM50	
		<input type="checkbox"/> Associate Member RM10	
	<b>B. Subscription Fee</b>	<input type="checkbox"/> Life Member (one time) RM1000	
		<input type="checkbox"/> Ordinary / Associate Member RM60	
<b>TOTAL SUBSCRIPTION PAYABLE</b>			

**Payment made by:**

☐ cash / online to Maybank 564191022211 (Persatuan Oftalmologi Malaysia)

☐ cheque

(payable to the 'Persatuan Oftalmologi Malaysia')

#### FOR OFFICE USE ONLY

Received date

Amount received

Receipt no.

Remarks