

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)	<input type="text"/>		
Title (eg. Dato', Prof, Dr)	<input type="text"/>	Date of birth (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	NRIC number (new)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address:	<input type="checkbox"/> Office Address <input type="checkbox"/> Home Address (please select one)		
HOME ADDRESS	<input type="text"/>		
City / Town	<input type="text"/>	Postcode	<input type="text"/>
State	<input type="text"/>	Country	<input type="text"/>
OFFICE ADDRESS (Main practice)	<input type="text"/>		
	<input type="text"/>		
City / Town	<input type="text"/>	Postcode	<input type="text"/>
State	<input type="text"/>	Country	<input type="text"/>
Telephone No.	<input type="text"/> (Home)	<input type="text"/> (Office)	<input type="text"/> (Mobile)

Email address 1 Email address 2

Malaysian Medical Council
Registration Number (required) **Date of registration**
(dd/mm/yy)

PROFESSIONAL QUALIFICATIONS

Basic Medical Degree

Degree (e.g. MBBS, MD)		University	
City / Country		Date (mm/yy)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Post Graduate Qualifications in Ophthalmology

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

I. Degree (e.g. FRCS, MSc)		University/ Institution	
City / Country		Date (mm/yy)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
II. Degree (e.g. FRCS, MSc)		University/ Institution	
City / Country		Date (mm/yy)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
III. Degree (e.g. FRCS, MSc)		University/ Institution	
City / Country		Date (mm/yy)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

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 _____
MemberNo _____ Date _____	MemberNo _____ 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 _____

FEE PAYABLE

For fee payable, please refer to the fee table on the next page.

All fees are to be made in full by online transfer to:

Account Name: **Malaysian Society of Ophthalmology**
 Name of Bank: **Malayan Banking Berhad (Maybank)**
 Account number: **5641 9102 2211**
 Swift Code: **MBBEMYKL**

Please send an email with the application form and payment advice attached to **admin@mso.org.my**

FOR OFFICE USE ONLY

Date received	
Amount received	
Receipt no.	
Remarks	

FEE TABLE	
(1) Entrance fees, subscription and other dues	<u>MSO</u>
<i>(a) The entrance fee and annual subscription shall be as follows:</i>	
Associate Member	
Entrance fee	10
Annual subscription	100
Total payable	110
Ordinary Member	
Entrance fee	50
Annual subscription	100
Total payable	150
Life Member	
Entrance fee	50
One-time subscription	1,000
Total payable	1,050
<i>(b) The entrance fee and annual subscription fee for a member who is also a member of the Malaysian Glaucoma Society (MGS) is as follows:</i>	
Associate Member	
Entrance fee	10
Annual subscription	75
Total payable	85
Ordinary Member	
Entrance fee	50
Annual subscription	75
Total payable	125
Life Member	
Entrance fee	50
One-time subscription	1,000
Total payable	1,050