

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)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

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)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

II. Degree (e.g. FRCS, MSc)	
City / Country	

University/ Institution					
Date (mm/yy)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

III. Degree (e.g. FRCS, MSc)	
City / Country	

University/ Institution					
Date (mm/yy)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

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)

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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 _____

PAYMENT	A. Entrance Fee	<input type="checkbox"/> Ordinary / Life Member	RM50	
		<input type="checkbox"/> Associate Member	RM10	
	B. Subscription Fee	<input type="checkbox"/> Life Member (one time)	RM1,000	
		<input type="checkbox"/> Ordinary / Associate Member	RM100	
TOTAL SUBSCRIPTION PAYABLE				

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	