

MEDICO-LEGAL SOCIETY OF MALAYSIA

PERSATUAN PERUBATAN DAN UNDANG-UNDANG MALAYSIA

G-1 Medical Academies of Malaysia, 210 Jalan Tun Razak, 50400 Kuala Lumpur

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MEMBERSHIP APPLICATION FORM

(Please tick/delete where applicable/not applicable)

Please enroll me as Life Member Ordinary Member
(Entrance Fee RM50 + Fee: RM300) (Entrance Fee RM50 + Annual Subscription Fee RM30.00)

If admitted, I agree to abide by the Constitution of the Society. I enclose herewith my Membership fee of RM..... by cash / cheque / bank draft / money order no:
(Please make cheque payable to "MEDICO-LEGAL SOCIETY OF MALAYSIA")

TITLE: NAME:
(Dato' Dr/Prof/Dr/Mr/Ms/Mrs etc) (IN BLOCK LETTERS)

NRIC NO: DATE OF BIRTH:

CITIZENSHIP: OCCUPATION:

GENDER: MALE FEMALE MARITAL STATUS:.....

QUALIFICATIONS/SPECIAL AREA OF INTEREST:

OFFICE ADDRESS:

HOME ADDRESS:

TEL (OFFICE): (HOME): (MOBILE):

FAX: EMAIL:

CORRESPONDENCE ADDRESS: OFFICE HOME

DATE: SIGNATURE OF APPLICANT

PROPOSER: SECONDER:

FOR OFFICE USE ONLY:

APPLICATION RECEIVED ON: ADMITTED ON:

AMOUNT RECEIVED RM RECEIPT NO: MEMBERSHIP NO:
