



MALAYSIAN ARTHROSCOPY SOCIETY

4, Lengkonggan Jenjarom, Taman Seputeh,
58000 Kuala Lumpur, Malaysia.
Phone: +6 03 2276 0555 Fax: +6 03 6207 6795
Website: www.my-arthroscopy.com
Email: secretariat@my-arthroscopy.com

PERSONAL PARTICULARS			
Salutation : Title : Prof / Dr / Datuk / Dato' / Datin / Mr / Mdm / Ms			
Full Name : (as per NRIC /Passport)		Year of Birth :	
Correspondence Address :		Hospital / institution :	
State :	Postal Code :	Country :	
Profession :	Tel No :	Email :	
	Fax No :		
Subscription (Please select either A or B)			
Category of Membership (*see below for description of categories)			
<input type="checkbox"/> Ordinary	<input type="checkbox"/> Associate	<input type="checkbox"/> Honorary	<input type="checkbox"/> Emeritus
(A) FOR FIRST TIME APPLICATION		Fee (RM)	Total (RM)
Entrance Fee (ALL new Members)		<input type="checkbox"/> 50.00	50.00
For ALL Category of Membership			
<input type="checkbox"/> Annual Subscription (for ALL Categories of Membership) (1 January 20__ to 31 December 20__)		<input type="checkbox"/> 25.00/year	
For Ordinary, Honorary & Emeritus Membership			
<input type="checkbox"/> Life Membership (below 50 years old)		<input type="checkbox"/> 500.00	
<input type="checkbox"/> Life Membership (above 50 years old)		<input type="checkbox"/> 250.00	
		TOTAL AMOUNT	
<i>*Please submit your CV together with your application form for verification and approval purposes by the council members</i>			
(B) FOR RENEWAL OF ANNUAL MEMBERSHIP		Fee (RM)	Total (RM)
<input type="checkbox"/> Annual Subscription for Annual member (1 January 20__ to 31 December 20__) Membership no : _____		<input type="checkbox"/> 25.00/year	
		TOTAL AMOUNT	
PAYMENT METHOD (Please attached bank-in slip as proof of payment)			
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque No : _____	<input type="checkbox"/> Online Payment / Bank transfer	
All payment are to be issued in favour of "MALAYSIAN ARTHROSCOPY SOCIETY"			
Bank Account : 8000914029			
Bank : CIMB Bank			
ACKNOWLEDGEMENT			
_____		_____	
Signature		Date of Application	
*Description of Member Category			
Ordinary: Surgeons practicing in Malaysia who have an exclusive interest in arthroscopy and related surgery AND have obtained a post-graduate qualification in surgery and have undergone a training programme in orthopaedic surgery			
Associate: Medical graduates who are undergoing training programmes in orthopaedic surgery, surgeons or physicians who maintain a continuous interest in arthroscopy and related surgery while practising in a closely allied specialty and those practising other non-allied medical sciences but have a keen interest in arthroscopy and related surgery			
Honorary: Elected from persons of distinction who have made outstanding contribution to the progress in the art and practice of arthroscopy and related surgery.			
Emeritus: Conferred by the society on members who have rendered valuable services to the society after their retirement from active practice.			