

15. Professional Qualifications: (Basic Degree and One Postgraduate Qualification)

(Please state the full date you obtained the Degree as our computer system does not accept 'part' date)

QUALIFICATION	DEGREE	UNIVERSITY	COUNTRY	DATE OF QUALIFICATION			
BASIC DEGREE							
1. POSTGRADUATE							
2. POSTGRADUATE							
3. POSTGRADUATE							

16. Working Address of Applicant

Post Code						City												

17. State

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18. Country

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19. Tel No.

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20. E-mail

21. Fax No.

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22. Home Address of Applicant

Post Code

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City

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23. State

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24. Tel No.

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25. Country

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26. Fax No.

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27. Mobile No.

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Email:.....

28. Please send my correspondence to my Working Address House Address

(Please inform change of address, telephone numbers, e-mail address whenever you have moved for both the working and house address)

29. Employment Status (Please tick v)

<input type="checkbox"/> (A) Armed Forces -	<input type="checkbox"/> Medical Officer Specialist	<input type="checkbox"/> House Officer	<input type="checkbox"/> Registrar
<input type="checkbox"/> (AS) Armed Forces -			
<input type="checkbox"/> (G) Government -	<input type="checkbox"/> Medical Officer	<input type="checkbox"/> House Officer	<input type="checkbox"/> Registrar
<input type="checkbox"/> (GS) Government -	<input type="checkbox"/> Specialist	<input type="checkbox"/> Public Health Specialist	
<input type="checkbox"/> (P) Private -	<input type="checkbox"/> General Practitioner Specialist	<input type="checkbox"/> Private Medical Officer	
<input type="checkbox"/> (PS) Private -			
<input type="checkbox"/> (U) University -	<input type="checkbox"/> Medical Officer Specialist	<input type="checkbox"/> House Officer	<input type="checkbox"/> Registrar
<input type="checkbox"/> (US) University -			
<input type="checkbox"/> (MS) Medical Student			

30. Your Nature of Practice (Please tick v your specialty below)

Type Category	Description	Type Category	Description
Acc. & Emerg	Accident & emergency	Nuclmd	Nuclear Medicine
Anaest	Anaesthetics	ObsGyn	Obstetrics & Gynaecology
Av Med	Aviation Medicine	Occ H	Occupational Health
Cardio	Cardiology	Oncology	Oncology
Cardio Surg	Cardiothoracic Surgery	Ophth	Ophthalmology Surgery
Campath	Chemical Pathology	Ortho Surg	Orthopaedic Surgery
Chest	Chest Medicine	Otor	Otorhinolaryngology
Colorect	Colorectal & Gen Surgery	P.M.O	Private Hospital Medical Officer
Cpsych	Child Psychiatry	Paed	Paediatrics
Cytpath	Cytopathology	Pard Surg	Paediatric Surgery
Dentist	Dentistry	Paed/Gas	Paediatric Gastroenterology
Derm	Dermatology	Parasit	Parasitology
Endocr	Endocrinology	Phy & Rheu	Physician & Rheumatologist
ENT Surg	Ear, Nose & Throat Surgery	Physio	Physiology (Neuro Science)
Fac Surg	Facial Surgery	Plast Surg	Plastic Surgery
Family Ph	Family/Primary Care Physician	Psych	Psychiatry
Fmed	Forensic Medicine	Pub H	Public Health
G.M.O	Government Medicine Officer	Radiol	Radiology
Gastro	Gastroenterology	Radty	Radiotherapy
Gen Med/Int Med	General Medicine/Internal Medicine	Rechab Med	Rehabilitation Medicine
Gen Pr	General Practice	Rena Med	Renal Medicine
Gen Surg	General Surgery	Retired	Retired
GPath	General Pathology	Rheu	Rheumatology
Hempatha	Haematology	Sports M	Sports Medicine
Hepa	Hepatology	Thormed	Thoracic Medicine
Hispatch	Histopathology	SPsych	Society Psychiatry
Immuno	Immunology	Und Med	Underwater Medicine
Inds H	Industrial Health	Uro Surg	Urology Surgery
M Admin	Medical Administration	Vasc Surg	Vascular Surgery
Micbio	Microbiology	Others (Please state)	
Nephro	Nephrology		
Neuro	Neurology		
Neuro Surg	Neuro Surgery		

1) I am submitting this membership application to become a Life Membership of the Malaysian Medical Association and I agree to abide by the Constitution of the Association and regulations as may be enacted from time to time.

2) Enclosed herewith is

Cheque No. Bank Draft No.

M.O No..... P.O No.

For RM.....

Payable to ***'MMA SPECIAL SAVINGS (LIFE INVESTMENT FUND)'***

Signature :.....

Date:.....

Proposer (Name):.....NRIC (New).....(old).....

Seconder (Name):.....NRIC (New).....(old).....

NOTES

Life Membership - Clause 4 (2)

Life membership of the Association shall be opened to Ordinary Members who in place of annual subscription to the Association, shall have contributed to the Capital of the MMA Special Savings (Life Investment) Fund established by the Association, an amount determined by the Annual general Meeting from time to time. The annual income, generated by investment of the Accumulated Capital contributions of each member to the Fund shall be irrevocably assigned in perpetuity by the contributor to the Council of the Association to disburse as it deems fit.

Life Membership Contributions- Clause 6 (5)

- (i) An Ordinary Member can become a Life Member upon paying RM2, 500 to the capital of the Special Life Investment Fund to be eligible for election by Council as a Life Member. Clause 4(2) refers.
- (ii) An Ordinary Member who is a spouse of a Life Member shall contribute half of RM2, 500 to qualify for Life Membership.
- (iii) A House Officer in the first 2 years of government service who is an ordinary member can become a life member upon paying RM1, 500 to the capital of the Special Life Investment Fund to be eligible for election by Council as a Life Member. Clause 4(2) refers.

MALAYSIAN MEDICAL ASSOCIATION

(This form is to be completed by members applying for Life Membership and to be submitted to MMA along with the Life Membership application form)

To,
Honorary General Secretary
Malaysian Medical Association
4th Floor, MMA House
124 Jalan Pahang
53000 Kuala Lumpur

IRREVOCABLE ASSIGNMENT OF INCOME FROM ACCUMULATED CAPITAL CONTRIBUTIONS BY A MEMBER TO MMA SPECIAL SAVINGS (LIFE INVESTMENT FUND)

I, Dr.....New NRIC No.....
Old NRIC No.....

being an ordinary member applying for Life Membership of the Association, herein agree to make capital contribution to the MMA Special Savings (Life Investment Fund) and hereby irrevocably assign in perpetuity to the Malaysian Medical Association all the annual income that may be derived hereinafter from the investment of my accumulated capital Contribution to the above said Fund for the Council of the Association to disburse the income as it deems fit. I further confirm that to my executors, assign or successors shall have no rights hereinafter to the above said investments income that I have assigned in perpetuity to the Malaysian Medical Association.

Signature:.....

Date :.....

WITNESSED BY:

1) Name :.....

I/C No : (New).....(Old).....

Signature :.....

Date :.....

2) Name :.....

I/C No : (New).....(Old).....

Signature :.....

Date :.....