



MALAYSIAN MEDICAL ASSOCIATION MEMBERSHIP FORM

To : The Honorary General Secretary
MALAYSIAN MEDICAL ASSOCIATION
4th Floor, MMA House, 124 Jalan Pahang, 53000 Kuala Lumpur
Tel No. 03-4041 1375 Fax No. 03-4041 9929

E-mail: membership@mma.org.my MMA Website: www.mma.org.my



Application For New Membership Renewal of Membership Lapsed / Rejoined (Please tick)

1 Name

2 Title (e.g.Tan Sri, Dato', Prof, Dr)

3 NRIC New Old

4 Date Of Birth DAY MTH YEAR 5 Sex : Male Female

6 Marital Status Married Single Others :

7 Nationality : Malaysian Others (Please state)

8 Race : Malay Chinese Indian Iban Kadazan Others (Please state)

9 MMC Registration No: * Compulsory 10 Date Of Reg With MMC DAY MTH YEAR * Compulsory
(To enclose a copy of MMC certificate or APC Form)

11 Spouse's Name

12 Spouse's NRIC New Old
Is he/she Joint Member : Yes No (If joint member, spouse must complete & submit a separate application form)

13 Professional Qualifications : (Basic Degree and One Postgraduate qualification)

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

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

14 Working Address Post Code

City State Country

15 Home Address Post Code

City State Country

16 Contact No HSE - OFF -
H/P - FAX -
E-MAIL

17 Please send my correspondence to my Working Address House Address

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

18 Registered Branch:

19 Please tick v the appropriate box

Employment Status

- (A) Armed Forces
- (G) Government
- (GS) Government Specialist
- (P) Private
- (PS) Private Specialist
- (U) University
- (US) University Specialist
- (MS) Medical Student

Categories

- Medical Officer
- House Officer
- Registrar Specialist
- Specialist
- Public Health Specialist
- General Practitioner
- Private Medical Officer Specialist
- Lecturer

Introduced by :

Name :

Membership No :

This is applicable to new applicants only

20 Your Nature of Practice : (Please tick (v) your speciality below)

Description

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Accident & emergency | <input type="checkbox"/> Forensic Medicine | <input type="checkbox"/> Neuro Surgery | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Anaesthetics | <input type="checkbox"/> Government Medical Officer | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Aviation Medicine | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Obstetric & Gynaecology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> General Medicine/Internal Medicine | <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Radiotherapy |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> General Practice | <input type="checkbox"/> Oncology | <input type="checkbox"/> Rehabilitation Medicine |
| <input type="checkbox"/> Chemical Pathology | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Ophthalmology Surgery | <input type="checkbox"/> Renal Medicine |
| <input type="checkbox"/> Chest Medicine | <input type="checkbox"/> General Pathology | <input type="checkbox"/> Orthopaedic Surgery | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Colorectal & Gen Surgery | <input type="checkbox"/> Haematology | <input type="checkbox"/> Otorhinolaryngology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Child Psychiatry | <input type="checkbox"/> Hepatology | <input type="checkbox"/> Private Hospital Medical Officer | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Cytopathology | <input type="checkbox"/> Histopathology | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Thoracic Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Immunology | <input type="checkbox"/> Paediatric Surgery | <input type="checkbox"/> Society Psychiatry |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Industrial Health | <input type="checkbox"/> Paediatric Gastroenterology | <input type="checkbox"/> Underwater Medicine |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Medical Administration | <input type="checkbox"/> Parasitology | <input type="checkbox"/> Urology Surgery |
| <input type="checkbox"/> Ear, Nose & Throat Surgery | <input type="checkbox"/> Microbiology | <input type="checkbox"/> Physician & Rheumatologist | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> Facial Surg | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Physiology (Neuro Science) | <input type="checkbox"/> Others (Please State) |
| <input type="checkbox"/> Family/Primary Care Physician | <input type="checkbox"/> Neurology | <input type="checkbox"/> Plastic Surgery | |

I AM SUBMITTING THIS MEMBERSHIP FORM AS BELOW (Refer to the attached page for subscription fees rate)

- Ordinary Member
 Joint Ordinary Member (Spouse)
 Associate Member
 Overseas Ordinary Member
 Life Member
 Joint Life Member (Spouse)
 House Doctor (Provisionally registered with the MMC)

Medical Officer (All doctors for the first eight (8) years after housemanship ; (Please tick v appropriate box)

1st yr
 2nd yr
 3rd yr
 4th yr
 5th yr
 6th yr
 7 th yr
 8th yr
 Medical Student Member - Please state year of study University of Year of Completion

(A letter of certification or Student card for the respective University / College is required for student members)

In submitting an application for membership of the Malaysian Medical Association, I agree to abide by the Constitution of the Association & regulation as may be enacted from time to time. I have read and give my consent to the enclosed PDPA notice.

Signature of Application _____ Signature of Proposer _____ Signature of Seconder _____

Name: _____ Name : _____ Name : _____
 Date : _____ MY KAD No : _____ MY KAD No : _____

(PLEASE NOTE THAT THE PROPOSER AND SECONDER MUST BE MEMBERS OF MMA - THIS IS APPLICABLE TO NEW APPLICANTS ONLY)

NOTES : PLEASE ENSURE THAT THE APPLICATION FORM IS FULLY COMPLETED AND ACCOMPANIED BY THE FOLLOWING DOCUMENTS TO AVOID DELAY IN PROCESSING YOUR APPLICATION - THIS IS APPLICABLE TO NEW APPLICANTS ONLY.

- 1 Copy of registration with Malaysian Medical Council OR Copy of current Annual Practicing Certificate OR a letter of Certification from the Head of Department for government doctors.
 - 2 Copy of identity card or passport.
 - 3 A copy of your photograph (I/C size) to be attached in the space provided (Optional).
 - 4 A Crossed Cheque / Bank draft / Money Order OR postal order for the appropriate amount to be payable to ' MALAYSIAN MEDICAL ASSOCIATION' OR complete the attachment credit card form.
- (The membership follows the calendar year i.e. it commences on 1st January and ends on 31st December of each year. Therefore, it is advisable to join early in the year to enjoy the whole year benefits)

SILA DAPATKAN PENGESAHAN PERKHIDMATAN DARIPADA KETUA JABATAN SEKIRANYA TIDAK MELAMPIRKAN SIJIL PERAKUAN AMALAN TAHUNAN (APC) ATAU SIJIL PENDAFTARAN DENGAN MAJLIS PERUBATAN MALAYSIA

Saya dengan ini mengesahkan bahawa Dr No. K/P Baru /
 No. K/P Lama Sedang berkhidmat di Hospital ini sebagai * House Doctor atau * Pegawai Perubatan di tahun

Sekian terima kasih Tandatangan Name Cop

 No K/P Baru
 Tarikh

To Publication Section, MMA (for doctors only)
 I am interested/not interested in receiving a copy of the MJM. Yes No

FOR OFFICE USE ONLY

Date Paid	Payment for	Cash/Cheque/MO/PO	RM	Receipt No	Issued by

E-File by : Comments if any :

Date : Time:



Membership Subscription Fees

MMA HQ

NO	TYPE OF MEMBERSHIP	MEMBERSHIP FEES (MYR)	AFTER 30 JUNE (NEW MEMBER & RE-JOINED MEMBER THAT LAPSED MORE THAN A YEAR) (MYR)
1	STUDENT MEMBER	50.00	50.00
2	HOUSE DOCTOR & (1ST-8TH MEDICAL OFFICER)	150.00	75.00
3	ORDINARY MEMBER	250.00	125.00
4	JOINT ORDINARY MEMBER	125.00	62.50
5	OVERSEAS MEMBER	500.00	250.00
6	ASSOCIATE MEMBER	250.00	125.00
7	LIFE MEMBER	2500.00	2500.00
8	JOINT LIFE MEMBERS	1250.00	1250.00
9	LIFE MEMBER (1 st -2 nd YEAR MEDICAL OFFICER)	1500.00	1500.00



PERSATUAN PERUBATAN MALAYSIA MALAYSIAN MEDICAL ASSOCIATION

4TH FLOOR, MMA HOUSE, 124, JALAN PAHANG,
53000 KUALA LUMPUR

Website: www.mma.org.my E-mail: info@mma.org.my
Tel: 03-4041 1375 (Hunting Line) Fax: 03-4041 8187, 4041 9629

PERSONAL DATA PROTECTION NOTICE TO MEMBERS

This Notice is issued to all our members pursuant to the requirements of the Personal Data Protection Act, 2010 ("the Act"). In this Notice, we seek to inform you of the purpose for which your personal data is collected and processed and your right to access or refuse to provide such personal data.

In the course of exercising the powers and the performance of our duties, we collected and will collect and process data and information about yourself, your practice, and/or your employees ("Personal Data") to enable us to provide the necessary services for the purpose of achieving the aims and objectives as set out in the Malaysian Medical Association ("MMA") Constitution.

1. Personal Information and Data Collection

The nature and type of data we collect, and the source of such data varies or are from a combination of individual data by which you can be identified and may include:

- personal data on application forms or other forms submitted to us such as name, identity card number, age, gender, telephone number, residential address, e-mail address, birthdate, designation, bank account details and other such data necessary for the performance of our duties and provision of services to you;
- personal data which we collect from our website, if such data has been voluntarily provided or where such data is required for the purposes of providing the service which you requires; and
- personal data from governmental agencies.

2. Choice

You have the right to make a choice not to provide your personal data and may revoke your consent to the collection and processing of Personal Data. The failure to supply such Personal Data may result in us being unable to provide certain services and/or the continuation of such services.

3. Purpose of collecting personal data

Personal data is used to provide the necessary services and/or deliverables for the purpose of achieving the aims and objectives as set out in the MMA Constitution and may include:

- processing your applications for or renewal of membership;
- maintenance of members database and service related processes;
- administration of matters in relation to membership and claims;
- collection of membership fees and /or other amounts owed by you;
- for the purposes of technical administration of our website and upgrading of the IT system;
- insurance, premiums payment and processing for the purchase of insurance;
- marketing membership, membership privileges and/or other products, promotional activities and services offered to us or other companies selected by us which may be of interest to you as members;
- conducting training programmes, providing you with information, updates in relation to the practise of medicine, marketing materials, newsletters, articles, write-ups, distribution of information of events, conferences, talks and seminars which may be of interest to you;
- developing new products and services;
- registration for programs or offers upon your request;

- providing services offered to you;
- protection against or identifying possible fraudulent transactions;
- developing and providing advertising;
- to meet regulatory and legal requirements
- communicating with you and responding to your enquiries via telephone, mail, email, facsimile and/or other communication means; and
- all other purposes incidental and associated with the above.

4. Disclosure of Personal Data

We will not disclose Personal Data to any third party except to the following categories of parties for the purposes set out:

- our advisers, including consultants, advocates and solicitors, auditors, accountants, insurers or other financial or professional advisers;
- any agent, contractor, any third party or service provider or product providers to whom we may have outsourced services to as may be determined necessary or appropriate, including the transfer of personal data to a third-party service or product providers within or outside Malaysia for the purposes of data storage or processing or providing any service related to the purposes set out above subject always that such parties acknowledge the confidentiality and rights of the data user and to comply with the provisions of the Act;
- regulatory authorities or notified bodies who work closely with MMA including the Ministry of Health, the Malaysian Medical Council, Medical Protection Society, Malaysian Medical Indemnity; and
- such other parties as may be permitted under Malaysian law.

5. Safeguards

We will store and process your Personal Data securely and where practicable, implement the appropriate administrative and security procedures in accordance with the applicable laws and regulations to safeguard your Personal Data.

6. Data Subject's Rights

Under the Act, you have the right to request to access your Personal Data held by us, request for a copy of your Personal Data and have a right to correct any Personal Data that is inaccurate, incomplete or out-of-date and block such Personal Data. You may also withdraw consent to the processing and storage of Personal Data. Personal Data may also be deleted if such data is no longer subject to retention policies.

If you have any questions regarding the processing or correction of your personal data or enquires or complaints, please contact us via the following:

Tel: 603-40411375 | Fax: 603-40418187 | Emails:
secretary@mma.org.my (Attention to Honorary General Secretary)

Written mail can be sent to MMA Office Address:

4th Floor, MMA House, 124, Jalan Pahang, 53000 Kuala Lumpur, Malaysia.

In the event of any inconsistencies or conflict between the English version and the Bahasa Malayu version of this Personal Data Protection Notice, the English version shall prevail.

(8) Arrears of Subscriptions

(i) If any member fail to pay subscription for any year and this failure shall continue to persist on the 28th of February of that year, that member shall cease to enjoy all the benefits and privileges available to or enjoyed by members in benefit immediately (and shall not be eligible to attend or vote at any meetings of the Association, its Branches, Societies and Committees) and if such member shall:

(a) continue to fail to settle the subscription in arrears for that year when it fell due and the subscription in arrears remain outstanding on the 31st of December of that year, he/she shall automatically cease to be a member of the Association SUBJECT ALWAYS TO Clause 5 (1) (ii); or

(b) settle the subscription in arrears for that year when it fell due before the 31st of December of that year, all benefits and privileges available to or enjoyed by members in benefit shall be immediately restored and for avoidance of doubt, in such an event, the period of the membership of such member shall not be taken to have been broken by virtue of the cessation of his/her membership prior to his/her settlement of the subscription in arrears within that same year when it fell due.

(ii) Ordinary Members in arrears of subscriptions for two (2) months on the 28th of February each year shall have their names automatically removed from the Electoral Roll and shall not be eligible to vote. If by 31st December of that year, if they have not paid their dues, then the member would have to re-apply to join the Association as a fresh member, and the Council needs to approve the membership.

(iii) Members shall be notified by email or letter, of the removal of their names from the membership register.

(iv) All members of the Council, Branch and other Committees and Societies, must be members in benefit, as defined in Clause 6 (2) (iv), at the time of appointment and throughout their respective tenures as office bearers.