



MALAYSIAN MEDICAL ASSOCIATION
 4TH FLOOR, MMA HOUSE, 124 JALAN PAHANG
 553000 KUALA LUMPUR

TEL: 03-40411375 FAX: 03-40419929
 E-MAIL: finance@mma.org.my / accounts2@mma.org.my
 WEBSITE: www.mma.org.my

APPLICATION FORM FOR SOCIETIES WITHIN MMA

NOTE: MEMBERSHIP OF SOCIETIES

- I. Please note that the membership of the respective Society shall be open to MEMBERS OF MMA who belong to the respective discipline or specialty or are undergoing training in the relevant discipline.
- II. Please ensure that this application form is fully completed and accompanied by a crossed cheque/money order PAYABLE TO THE RESPECTIVE SOCIETY as mentioned in 3 (i) to (ii).

1. MMA MEMBERSHIP STATUS

Are you a member of MMA? (*Please tick*) YES NO

If YES, please state membership status as below: (*Please tick*)

- i) Life member
- ii) Ordinary Member
(Please state latest subscription paid: _____)
- iii) MMC Registration No.: _____
- iv) Date of registration with MMC: _____

2. PERSONAL DETAILS

- i) Name of Member as per MMA register: _____
- ii) NRIC: New _____
- iii) Gender: (*Please tick*) Male Female

iv) Please indicate your correspondence address: **(Please tick)**

Working

House

Working Address:

House Address:

Postcode : _____

Postcode : _____

v) Tel no. (Work) : _____

Tel no. (House) : _____

vi) Fax no. : _____

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vii) Mobile No. : _____

viii) Email address : _____

3. SOCIETIES IN MMA/BANK IN DETAILS

Please tick the Society that you wish to join in MMA:

i) **MMA Public Health Society**

Bank Account Details:

A/C Name : MMA PUBLIC HEALTH SOCIETY

A/C No. : 1402-8001-0086-949

Bank Name : ALLIANCE BANK MALAYSIA BERHAD

ii) **MMA Society of Occupational and Environmental Medicine (SOEM)**

Bank Account Details:

*A/C Name : MMA SOCIETY OF OCCUPATIONAL &
ENVIRONMENTAL MEDICINE*

A/C No. : 1402-8001-0086-806

Bank Name : ALLIANCE BANK MALAYSIA BERHAD

4. SOCIETY SUBSCRIPTION PAYMENT - RM 50.00

Please provide proof of payment to: finance@mma.org.my and accounts2@mma.org.my

i) Society subscription payment method (*Please tick*):

Cash

Cheque
(Cheque No.: _____)

Online transfer

ii) Being payment for the year: _____

SIGNATURE OF MEMBER: _____

DATE: _____

FOR INFORMATION

1. Please inform us of your change of address and any data that you wish to update from time to time so that we can service you efficiently.
2. 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

FOR OFFICE USE ONLY

VERIFICATION OF MMA MEMBERSHIP

RECEIPT NO. (RT):

MMA Membership Status:

Life Membership

Ordinary Member
(Latest subscription paid) : _____

Verified by: _____

Signature: _____

SOCIETY MEMBERSHIP PROCESSED ON:

Date Paid : _____

Cash/Cheque No./Online : _____

Receipt No. : _____

RM : _____

Processed by (Name) : _____ Signature: _____

Remarks if any : _____
