



**PERSATUAN PENYAKIT BERJANGKIT & KEMOTERAPI**  
*MALYSIAN SOCIETY OF INFECTIOUS DISEASES & CHEMOTHERAPY*

**LIFE / ORDINARY/ASSOCIATE MEMBERSHIP**

**Borang Bayaran Menjadi Ahli *Payment Form for Membership***

Sila tanda ( ) di mana yang berkenaan / *Please tick ( ) where appropriate*

<b>YURAN MASUK</b> <i>Entrance Fee</i>	: <b>Ahli Biasa</b> <i>Ordinary Member</i>	: <b>RM 50.00</b>	<input type="checkbox"/>
	: <b>Ahli Beraung</b> <i>Associate Member</i>	: <b>RM 30.00</b>	<input type="checkbox"/>
<b>YURAN TAHUNAN</b> <i>Annual Fee</i>	: <b>Ahli Biasa</b> <i>Ordinary Member</i>	: <b>RM 50.00</b>	<input type="checkbox"/>
	: <b>Ahli Beraung</b> <i>Associate Member</i>	: <b>RM 30.00</b>	<input type="checkbox"/>
<b>AHLI SEUMUR HIDUP</b> <i>Lifetime Membership Fee</i>	: <b>Ahli Biasa</b> <i>Ordinary Member</i>	: <b>RM 500.00</b>	<input type="checkbox"/>
	: <b>Ahli Beraung</b> <i>Associate Member</i>	: <b>RM 300.00</b>	<input type="checkbox"/>

Saya, \_\_\_\_\_ dengan ini serta wang tunai/cek\* bernombor\* \_\_\_\_\_  
sebanyak RM \_\_\_\_\_ Sebagai bayaran yuran masuk dan yuran tahun \_\_\_\_\_

I, \_\_\_\_\_ *with this form will include cash/cheque numbered\** \_\_\_\_\_  
*for the amount of RM* \_\_\_\_\_ *As payment of entrance and annual fees for the year* \_\_\_\_\_

\_\_\_\_\_  
Tandatangan *Signature*

\_\_\_\_\_  
Tarikh *Date*

*Payment can be made via cheque, cash deposit or electronic fund transfer (EFT).  
Cheques should be made payable to "Persatuan Penyakit Berjangkit dan Kemoterapi Malaysia".  
For cash deposit or electronic fund transfer (EFT), please e-mail the copy of the transaction slip with your name together with your registration form.*

Account Name : **Persatuan Penyakit Berjangkit dan Kemoterapi Malaysia**  
Bank Name : CIMB  
Branch : KLCC  
Account Number : **8001083735**

Setiausaha, MSIDC  
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**LIFE / ORDINARY/ASSOCIATE MEMBERSHIP**

Nama : \_\_\_\_\_  
*Name*

Kad Pengenalan : \_\_\_\_\_  
*Identity card No.*

Alamat Surat Menyurat / *Postal Address:*

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No. telefon bimbit: \_\_\_\_\_  
*Mobile Tel. no.*

No. Tel .Pejabat : \_\_\_\_\_  
*Office Tel No.*

Alamat e-mail / *e-mail Address :* \_\_\_\_\_

Perkerjaan : \_\_\_\_\_  
*Occupation*

Tempat berkerja: \_\_\_\_\_  
*Place of Work*

Kelulusan akademik / *Professional:* \_\_\_\_\_  
*Academic / Professional Qualification*

Minat/Bidang Pengkhususan: \_\_\_\_\_  
*Field of interest/Speciality*