



PERSATUAN PENYAKIT BERJANGKIT & KEMOTERAPI
MALAYSIAN 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*

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

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Nama : _____
Name

Kad Pengenalan : _____
Identity card No.

Alamat Surat Menyurat / *Postal Address:*

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