



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

CORPORATE MEMBERSHIP

Borang Bayaran Menjadi Ahli *Payment Form for Membership*

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

YURAN MASUK : Ahli Korporat *Corporate Member* : **RM 100.00**
Entrance Fee

YURAN TAHUNAN : Ahli Korporat *Corporate Member* : **RM 500.00**
Annual Fee

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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CORPORATE MEMBERSHIP

Nama : _____
Name of Contact Person

Alamat e-mail penama: _____
e-mail address of Contact Person

Nama Syarikat: _____
Name of Company

Alamat Syarikat / *Company Address:*

No. telefon bimbit: _____
Mobile Tel. no.

No. Tel .Pejabat : _____
Office Tel No.

Bidang Pengkhususan: _____
Field of interest/Speciality