



## MALAYSIAN SOCIETY OF NUCLEAR MEDICINE &amp; MOLECULAR IMAGING (MSNMMI)

## APPLICATION FORM FOR NEW MEMBERSHIP

Title (Prof/ Dr):			
Name:			
Date of birth:		Gender: Male/ Female	
IC:			
Work address:			
Home address:			
Pls tick preferred mail address	<input type="checkbox"/>	Work add	<input type="checkbox"/> Home add
Contact number:		(Hp)	(Office)
Email:			
Occupation:			
Qualification:			
Work experience: (List in chronological order the training you have received relating to Nuclear Medicine)			
*Type of membership (pls tick)	<input type="checkbox"/>	<b>Ordinary member</b>	Doctor (RM 50 per annum)
			Non-doctor (RM 30 per annum)
	<input type="checkbox"/>	<b>Affiliate member</b>	(RM 50 per annum)
	<input type="checkbox"/>	<b>Life member</b>	Doctor (RM 750)
			Non-doctor (RM 450)
			Affiliate member (RM 750)
<input type="checkbox"/>	<b>Corporate member</b>	(RM 1000 per annum)	

\*Every member is also subjected to entrance fee of RM 50 for non-corporate member and entrance fee of RM 250 for corporate member)

Please find enclosed cash, banker's cheque or cheque (cheque no: \_\_\_\_\_) payable to Malaysian Society of Nuclear Medicine & Molecular Imaging.

I /we declare that if elected, I/we will support the objectives of the Society and will abide by the rules and regulations of the society.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail your completed form to:

Secretary

Malaysian Society of Nuclear Medicine & Molecular Imaging

c/o Jabatan Perubatan Nuklear

Hospital Kuala Lumpur

Jalan Pahang

50586 Kuala Lumpur

If you have any enquiries, please call 03-26905836 or email us at [snmmi.my@gmail.com](mailto:snmmi.my@gmail.com)

**Categories of membership:**

- A) Ordinary membership shall be open to medical practitioners, scientists and technologists
- B) Affiliate membership shall be open to persons who have an active interest in the objectives of the Society and who are not qualified for other categories of membership
- C) Corporate membership shall be open to any government, commercial or private organizations interested in supporting the objectives of the Society

FOR OFFICE USE ONLY

Membership number: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt number: \_\_\_\_\_