


**MALAYSIAN SOCIETY OF NUCLEAR MEDICINE & MOLECULAR IMAGING (MSNMMI)**
**APPLICATION FORM FOR MEMBERSHIP RENEWAL**

Current membership no.:			
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:			
*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>
	<input type="checkbox"/>	Non-doctor (RM 450)	
	<input type="checkbox"/>	Affiliate member (RM 750)	
<input type="checkbox"/>	<b>Corporate member</b>	(RM 1000 per annum)	

Please find enclosed cash, banker's cheque or cheque (cheque no: \_\_\_\_\_) payable to Malaysian Society of Nuclear Medicine & Molecular Imaging. If using bank transfer, please transfer the funds to:-

**Public Islamic Bank, Kampung Baru Branch, Account number: 3813 3810 36**

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 or email 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

Email: [snmmi.my@gmail.com](mailto:snmmi.my@gmail.com)

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: \_\_\_\_\_