

**THE VASCULAR SOCIETY OF MALAYSIA
APPLICATION FORM**

Application form must be **fully completed** and submitted in two (2) copies.

Name of applicant

(As in NRIC / passport)

Other names (if any)

New NRIC / passport no

 Old IC

Age :

 Sex : Male

 Female

Race: Malay

 Chinese

 Indian

 Others #:

Nationality: Malaysian

 Others #:

Profession

Doctors : Surgeon

 Physician

 Others #:

Para-medics #:

 _____ Non-medical #:

Home Address

Office Address / Place of practice

Mailing address (please tick) Home

 Office

Telephone

Home

Office

Mobile

e-mail

Proposed by:

Seconded by:

Name

Name

Membership no.

Membership no

- please specify in spaces provided

Signed:

Applicant	Proposer	Seconder
Date : _____	Date : _____	Date : _____

For office use :

Type of membership

Ordinary

 Associate

 Corporate

 Life

Application approved

 Application not approved

Signed

President
Date: _____

Secretary
Date: _____