



MALAYSIAN VETERINARY MEDICAL ASSOCIATION

(Persatuan Perubatan Veterinar Malaysia)

10-1, Jalan Sierra 10/2

Bandar 16 Sierra

47120 Puchong, Selangor

Email: vamsecretary@gmail.com

MEMBERSHIP APPLICATION FORM

Passport Size
Colour
Photograph

Please return completed form to:

HONORARY SECRETARY

Membership No:

I wish to apply for membership:

Ordinary checkbox

Ordinary

Life checkbox

Life

Associate checkbox

Associate

Student checkbox

Student

Membership No. grid

A. PERSONAL DATA

1. Name

Name grid

2. Address (Residence):

Residence address grid

3. Address(Office):

Office address grid

4. Mailing Address:

Residence checkbox

Residence

Office checkbox

Office

5. Mobile No:

6. Email Address:

Email address grid

7. Qualification (Diploma/Degree/Master/PhD, University & Year)

Table with columns: Qualification, University, Year

8. Date of Birth:

Date of Birth grid

9. Gender:

Male

Female

Male checkbox

Female checkbox

10. MVC Registration No.:

MVC Registration No. line

11. NRIC: Old

Old NRIC grid

New

New NRIC grid

12. Position Held:

Position Held checkboxes: Private Practice, Government / University, Private Sector, Retired

I certify that the above information are true and correct:

Date:

Signature of Applicant:

B. PROPOSED BY (Ordinary Member):

Name:

Address:

Membership No.:

Signature:

SECONDED BY (Ordinary Member):

Name:

Address:

Membership No.:

Signature:

C. FEES

Table of fees: Entrance, Annual, Total

Payment Details:

Name: MALAYSIAN VETERINARY MEDICAL ASSOCIATION

Account: 80-0263274-5

Bank: CIMB Bank Berhad

I enclosed Money Order / Cheque / Online Payment No. / Cash for the amount of RM

FOR COMMITTEE USE ONLY

Signature of Honorary Secretary

Date of Approval

Signature of the President