



**MALAYSIAN SOCIETY OF
GASTROENTEROLOGY & HEPATOLOGY**

**MEMBERSHIP APPLICATION
FORM**

Unit 1.6, Level 1, Hive 4, Mranti Park, Jalan Inovasi 1
Bukit Jalil, 57000 Kuala Lumpur, Malaysia
Tel: +603 8996 0700, 8996 1700, 8996 2700 **Fax:** +603 8996 4700
Email: secretariat@msggh.org.my **Website:** www.msggh.org.my

MSGH MEMBERSHIP APPLICATION FORM

A. PERSONAL PARTICULARS

Name (as per IC) : _____

NIRC No. : _____ Date of Birth. : _____

Titles : _____ Gender : _____

Email : _____ Mobile Number : _____

Home Address : _____

_____ Hom Number : _____

Office Address : _____

Office Number : _____ Fax Number : _____

B. ACADEMIC

Qualification	Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. EXPERIENCE

i. Current Employment

Position

Employer

<hr/>	<hr/>
<hr/>	<hr/>

i. Previous Employment

Position

Employer

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

D. PROFESSIONAL INTERESTS

i. Publications - if any (if space is insufficient, please provide details on separate sheet)

Topic

Publication

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

ii. Research Interest (in any)

Topic

Brief Detail

<hr/>	<hr/>
<hr/>	<hr/>

E. RECOMMENDED BY MSGH MEMBER

	Proposer	Seconder
Name :	_____	_____
NIRC Number :	_____	_____
Please Tick :	<input type="checkbox"/> Ordinary Member <input type="checkbox"/> Life Member	<input type="checkbox"/> Ordinary Member <input type="checkbox"/> Life Member

F. MEMBERSHIP FEES

Please tick accordingly

<input type="checkbox"/> Ordinary Membership ♦ Ordinary membership shall consist of registered medical practitioners with subspecialty qualifications and training in disciplines related to the practice of Gastroenterology and Hepatology and who are interested in the objectives of the Society.	Entrance Fee: RM100 Annual subscription: RM100
<input type="checkbox"/> Life Membership ♦ Open to all Ordinary Members with at least two years ordinary membership of good standing.	RM1,000
<input type="checkbox"/> Associate Membership ♦ Associate membership shall consist of registered medical practitioners who are interested or engaged in the practice of in Gastroenterology or Hepatology and who are interested in the objectives of the Society.	Entrance Fee: RM50 Annual subscription: RM50
<input type="checkbox"/> Affiliate Membership ♦ Affiliate membership shall be open to scientists and allied health professionals who are interested in Gastroenterology or Hepatology and the objectives of the Society.	RM20

I hereby agree to abide by the rules and regulations as stipulated in the Constitution of the Society.

Signature

Date

Name

G. PAYMENT

Telegraphic Transfer

Account Name : Malaysian Society of Gastroenterology & Hepatology
Account No : 80-0236652-5
Bank Name : CIMB Bank Berhad
Bank Address : Section 14, 46050 Petaling Jaya, Selangor
Swift Code : CIBBMYKL

(Please return the remittance advise note along with this form either by fax or mail. Document image by email is also acceptable.)

FOR OFFICE USE ONLY

Application tabled and approved at Executive Committee held on: _____

President : _____ Date : _____

Honorary Secretary : _____ Date : _____