



**MALAYSIAN SOCIETY OF
GASTROENTEROLOGY AND HEPATOLOGY**

**MEMBERSHIP APPLICATION
FORM**

Medical Academies of Malaysia, Unit 1.6, Level 1, Enterprise 3B,
Technology Park Malaysia (TPM), Jalan Inovasi 1, Lebuhraya Puchong - Sungei Besi,
Bukit Jalil, 57000 Kuala Lumpur

Tel: +603 89960700, 603 8996 1700, 603 89962700 Fax: +603 8996 4700

Email: secretariat@msgh.org.my Website: www.msgh.org.my

A. PERSONAL PARTICULARS

Name : _____

NIRC No. : _____ Date of Birth : _____

Titles : _____ Sex : _____

Email : _____ Mobile Number : _____

Home Address : _____

_____ Home Number : _____

Office Address : _____

Office Number : _____ Fax Number : _____

B. ACADEMIC

Qualification	Conferring Body	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. EXPERIENCE

i. Current Employment

Position	Employer
_____	_____
_____	_____

ii. Previous Employment

Position	Employer	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. PROFESSIONAL INTERESTS

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

Title / Journal	Publication Date
_____	_____
_____	_____
_____	_____
_____	_____

i. Research Interest (in any)

Topic	Brief Detail
_____	_____
_____	_____
_____	_____

E. RECOMMENDED BY

Details	Proposer	Secunder
Name :	_____	_____
NRIC Number :	_____	_____
Position :	_____	_____

F. MEMBERSHIP FEES

Please tick accordingly

- Ordinary Membership**
 ❖ Registered Medical Practitioner with Postgraduate Qualifications who are interested or engaged in the practice of Gastroenterology & Hepatology : RM200.00
(Entrance fee RM100 & Annual Subscription RM100)

- Life Membership**
 ❖ Open to all Ordinary members : RM1,100.00
(Entrance fee RM100 & Life Membership Fee RM1,000)

- Associate Membership**
 ❖ Open to members of medical and allied health professionals who are interested or engaged in the practice of Gastroenterology & Hepatology : RM20.00
(Annual Subscription RM20)

I hereby certify that the information above is true and accurate and agree to abide by the rules and regulations as stipulated in the Constitution of the Society.

Signature

Date

Name

G. PAYMENT METHOD

Please find enclosed

Cash for RM _____

Cheque Cheque
No : _____
*Payment by cheque to be issued in favour of the
 "Malaysian Society of Gastroenterology & Hepatology"* Amount : _____

Telegraphic Transfer (Online Banking or CDM)

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

Type of Membership	Date Joined	Renewal Date	Receipt Number
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Application tabled and approved at Executive Committee held on: _____

President : _____ Date : _____

Secretary : _____ Date : _____