



MMA LIFE MEMBERSHIP APPLICATION FORM

Cheque payable to MMA SPECIAL SAVINGS (LIFE INVESTMENT FUND)

To : The Honorary General Secretary
MALAYSIAN MEDICAL ASSOCIATION
4th Floor, MMA House, 124 Jalan Pahang, 53000 Kuala Lumpur
Tel No. 03-4041 1375 Fax No. 03-4041 9929

E-mail: memberships@mma.org.my / aids@mma.org.my MMA Homepage: www.mma.org.my



1. Name

(AS IN IDENTITY CARD / PASSPORT - Please enclose a copy of I/C)

2. Title (e.g. Tan Sri, Dato', Prof, Dr)

3. NRIC New

 Old

4. Colour Of I/C Blue Red Green Brown Others

5. Date Of Birth

 6. Sex : Male Female
DAY MONTH YEAR

7. Marital Status Married Single Others.....

8. Nationality : Malaysian Others (Please state).....

9. Race : Malay Chinese Indian Iban Kadazan Others (Please state).....

10. Religion : Islam Buddhism Hinduism Sikhism Christianity Toasim Others (Please state).....

11. MMC Registration No.

 12. Date Of Registration

DAY MONTH YEAR

13. Spouse's Name

14. Spouse's NRIC New

 Old

Is he/she Joint Member : Yes No (If joint member, spouse must complete and submit a separate application form)

FOR OFFICE USE ONLY

Date Paid	Payment for	Cash/Cheque/MO/PO	RM	Receipt No	Issued by

E-file by..... Date

Comments if any:

.....

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30. Your Nature of Practice : (Please tick (✓) your speciality below)

Type Category	Description	Type Category	Description		
<input type="checkbox"/>	Acc. & Emerg	Accident & emergency	<input type="checkbox"/>	Nuclmd	Nuclear Medicine
<input type="checkbox"/>	Anaest	Anaesthetics	<input type="checkbox"/>	ObsGyn	Obstetric & Gynaecology
<input type="checkbox"/>	Av Med	Aviation Medicine	<input type="checkbox"/>	Occ H	Occupational Health
<input type="checkbox"/>	Cardio	Cardiology	<input type="checkbox"/>	Oncology	Oncology
<input type="checkbox"/>	Cardio Surg	Cardiothoracic Surgery	<input type="checkbox"/>	Ophth	Ophthalmology Surgery
<input type="checkbox"/>	Chempath	Chemical Pathology	<input type="checkbox"/>	Ortho Surg	Orthopaedic surgery
<input type="checkbox"/>	Chest	Chest Medicine	<input type="checkbox"/>	Otor	Otorhinolaryngology
<input type="checkbox"/>	Colorect	Colorectal & Gen Surgery	<input type="checkbox"/>	P.M.O	Private Hospital Medical Officer
<input type="checkbox"/>	Cpsych	Child Psychiatry	<input type="checkbox"/>	Paed	Paediatrics
<input type="checkbox"/>	Cytpath	Cytopathology	<input type="checkbox"/>	Pard Surg	Paediatric Surgery
<input type="checkbox"/>	Dentist	Dermatology	<input type="checkbox"/>	Paed/Gas	Paediatric Gastroenterology
<input type="checkbox"/>	Derm	Dentistry	<input type="checkbox"/>	Parasit	Parasitology
<input type="checkbox"/>	Endocr	Endocrinology	<input type="checkbox"/>	Phy & Rheu	Physician & Rheumatologist
<input type="checkbox"/>	ENT Surg	Ear, Nose & Throat Surgery	<input type="checkbox"/>	Physio	Physiology (Neuro Science)
<input type="checkbox"/>	Fac Surg	Facial Surgery	<input type="checkbox"/>	Plast Surg	Plastic Surgery
<input type="checkbox"/>	Family Ph	Family/Primary Care Physician	<input type="checkbox"/>	Psych	Psychiatry
<input type="checkbox"/>	FMed	Forensic Medicine	<input type="checkbox"/>	Pub H	Public Health
<input type="checkbox"/>	G.M.O	Government Medicine Officer	<input type="checkbox"/>	Radiol	Radiology
<input type="checkbox"/>	Gastro	Gastroenterology	<input type="checkbox"/>	Radty	Radiotherapy
<input type="checkbox"/>	Gen Med/Int Med	General Medicine/Internal Medicine	<input type="checkbox"/>	Rechab Med	Rehabilitation Medicine
<input type="checkbox"/>	Gen Pr	General Practice	<input type="checkbox"/>	Rena Med	Renal Medicine
<input type="checkbox"/>	Gen Surg	General Surgery	<input type="checkbox"/>	Retired	Retired
<input type="checkbox"/>	GPath	General Pathology	<input type="checkbox"/>	Rheu	Rheumatology
<input type="checkbox"/>	Hempatha	Haematology	<input type="checkbox"/>	Sports M	Sports Medicine
<input type="checkbox"/>	Hepa	Hepatology	<input type="checkbox"/>	Thormed	Thoracic Medicine
<input type="checkbox"/>	Hispach	Histopathology	<input type="checkbox"/>	SPsych	Society Psychiatry
<input type="checkbox"/>	Immuno	Immunology	<input type="checkbox"/>	Und Med	Underwater Medicine
<input type="checkbox"/>	Inds H	Industrial Health	<input type="checkbox"/>	Uro Surg	Urology Surgery
<input type="checkbox"/>	M Admin	Medical Administration	<input type="checkbox"/>	Vase Surg	Vascular Surgery
<input type="checkbox"/>	Micbio	Microbiology	<input type="checkbox"/>	Others (Please state)	
<input type="checkbox"/>	Nephro	Nephrology			
<input type="checkbox"/>	Neuro	Neurology			
<input type="checkbox"/>	Neuro Surg	Neuro Surgery			

- 1) I am submitting this membership application to become a Life Membership of the Malaysian Medical Association and I agree to abide by the Constitution of the Association and regulations as may be enacted from time to time.
- 2) Enclosed herewith is

<input type="checkbox"/> Cheque no.	<input type="checkbox"/> Bank draft no.
<input type="checkbox"/> M.O no.	<input type="checkbox"/> P.O no.

 for RM
 payable to '*MMA SPECIAL SAVINGS (LIFE INVESTMENT FUND)*'

Signature : (Date) :

Proposer (Name) : NRIC (New) (Old).....

Seconded (Name) : NRIC (New) (Old).....

Notes
Life Membership
Article III

- 2) Life Membership of the Association shall **BE OPEN TO ORDINARY MEMBERS** who in place of annual subscriptions to the Association, shall have contributed to the capital of the MMA Special Savings (Life Investment Fund) established by the Association, an amount determined by the Annual General Meeting from time to time. The annual income, generated by investment of the Accumulated Capital contributions of each member to the Fund shall be irrevocably assigned in perpetuity by the contributor to the Council of the Association to disburse as it deems fit.

By Law III 3

- i) An Ordinary Member who completes the Life Membership upon paying RM4,000.00 to the capital of the Special Savings Life Investment Fund is eligible for election by Council as a Life Member. Articles III (2) refers.
- ii) An Ordinary Member who is a spouse of a Life Member shall contribute half of RM4,000.00 to qualify for Life Membership.

MALAYSIAN MEDICAL ASSOCIATION

(This form is to be completed by members applying for Life Membership and to be submitted to MMA along with the Life Membership application form)

To,
Honorary General Secretary
Malaysian Medical Association
4th Floor, MMA House
124 Jalan Pahang
53000 Kuala Lumpur

**IRREVOCABLE ASSIGNMENT OF INCOME FROM ACCUMULATED CAPITAL CONTRIBUTIONS
BY A MEMBER TO MMA SPECIAL SAVINGS (LIFE INVESTMENT FUND)**

I, Dr New NRIC No
Old NRIC No

being an ordinary member applying for Life Membership of the Association, herein agree to make capital contribution to the MMA Special Savings (Life Investment Fund) and hereby irrevocably assign in perpetuity to the Malaysian Medical Association all the annual income that may be derived hereinafter from the investment of my accumulated capital Contribution to the above said Fund for the Council of the Association to disburse the income as it deems fit. I further confirm that to my executors, assign or successors shall have no rights hereinafter to the above said investments income that I have assigned in perpetuity to the Malaysian Medical Association.

Signature :

Date :

WITNESSED BY :

1) Name :

I/C No : (New) (Old)

Signature :

Date :

2) Name :

I/C No : (New) (Old)

Signature :

Date :