

MALAYSIAN MEDICAL ASSOCIATION MEMBERSHIP FORM

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 / query@mma.org.my MMA Website: www.mma.org

РНОТО (Optional/ New member)

Application for Pew Membership Renewal of Membership Lapsed / Rejoined (Please tick) 1 Name		_	iii. iiieiiibei				-									/V VV VV .			-	y						
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PROCESSING YOUR APPLICATION 1 Copy of registration with Malaysian Mediof Department for government doctors 2 Copy of identity card or passport 3 A copy of your photograph (I/C size) to be 4 A Crossed Cheque / Bank draft / Money Complete the attachment credit card form (The membership follows the calender y join early in the year to enjoy the whole)	e attached in the space provided (Option Order OR postal order for the appropriat Order i.e. it commences on 1st January a	nal) e amount to be payable to	' MALAYSIAN MEDICAL AS	SOCIATION' OR
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