



MALAYSIAN ONCOLOGICAL SOCIETY
APPLICATION FORM FOR NEW MEMBERSHIP

Date:	
Name:	
Date of Birth:	
IC Number:	
Work Address:	
Home Address:	
Telephone (Office)	
Fax No. (Office)	
Mobile:	
Email:	
Position:	
Occupation:	
Type of Membership: (Please <u>tick</u>)	Life (ordinary members who have paid in full the life membership fee) RM300.00 Life Associate (allied health personnel or scientists with an interest in oncology) RM225.00 Associate (allied health personnel or scientists with an interest in oncology) RM30.00 per annum Ordinary (medical doctor who is actively involved in oncology) RM40.00 per annum

I/we declare that if elected, I/we will support the Objects of the Society and will abide by the Rules and Regulations of the Society.

SIGNATURE OF APPLICANT	
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CHEQUE made payable to “ Malaysian Oncological Society”

Note: Please attach /submit passport size photo with application.

<p>Upon completion, please mail to: Secretariat Malaysian Oncological Society Unit 13-01, Amcorp Service Suites Menara Melawangi Pusat Perdagangan Amcorp No. 18, Jalan Persiaran Barat 46050 Petaling Jaya Email: malaysianoncologicalsociety@gmail.com Website : www.malaysiaoncology.org</p>	<p>For Office Use Only: Cheque No: Cheque Dated : Receipt No : Membership No:</p>
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