



**MALAYSIAN ONCOLOGICAL SOCIETY**  
**APPLICATION FORM FOR NEW MEMBERSHIP**

Date:	
Title(Prof/Dr/Nurse/etc)	
Name:	
Date of Birth:	
IC Number:	
Work Address:	
Home Address:	
Telephone (Office)	
Fax No. (Office)	
Mobile:	
Email:	
Position:	
Occupation:	
Special Interest(s)	
Type of Membership: (Please <u>underline</u> )	Life Member            RM300.00 Associate Member    RM30.00 per annum Ordinary Member     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	
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**CHEQUE made payable to “ Malaysian Oncological Society”**

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

<p><b><i>Upon completion, please mail to:</i></b> Secretariat Malaysian Oncological Society Unit 13-01, Amcorp Service Suites Menara Melawangi Pusat Perdagangan Amcorp No. 18, Jalan Persiaran Barat 46050 Petaling Jaya Tel: 03- 7960 0177    Fax: 03-7960 0177 Email: <a href="mailto:malaysianoncologicalsociety@gmail.com">malaysianoncologicalsociety@gmail.com</a> <a href="http://www.malaysiaoncology.org">www.malaysiaoncology.org</a></p>	<p><b><i>For Office Use Only:</i></b> Cheque No: ..... Cheque Dated : ..... Receipt No : ..... Membership No: .....</p>
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