

Academy of Medicine of Malaysia



APPLICATION FOR CANDIDATE MEMBERSHIP

1. Title: _____

2. Name in full : _____
(in **BLOCK** letter)

3. Home Address: _____

Tel No: _____ Fax No: _____ E-mail: _____

4. Practice Address: _____

Tel No: _____ Fax No: _____ E-mail: _____

5. Preferred mailing address : Home Office

6. Date of Birth : _____

7. IC No. (Malaysian citizen) : _____

Citizenship and Passport No. (Non-Malaysian) : _____

8. Qualifications (please enclose certified true copies of certificates):

<u>Diploma</u>	<u>Institution</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Present Appointment: _____

10. Past Appointments since date of basic degree (please state nature of position, duration of appointment and name of institution/place of practice)

Appointment	Date	Institution/Place of Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please find enclosed:

Cheque No: _____
(in favour of Academy of Medicine of Malaysia)

RM _____

Cash: _____

Date: _____

Signature: _____

RECOMMENDATION OF COLLEGE

The Council of the College of _____
recommends that _____
has fulfilled all the membership admission criteria and be admitted as a candidate
member of the Academy of Medicine of Malaysia and his / her name be listed as a
candidate member of the College of _____

President

Name _____

Date _____

Hon Secretary

Name _____

Date _____

OFFICE USE ONLY

Verified by Board of Censors

On _____

Chief Censor

Approved

on (date) _____

Master

ACADEMY OF MEDICINE OF MALAYSIA

Unit 1.6, Level 1, Enterprise 3B
Technology Park Malaysia (TPM)
Jalan Inovasi 1, Lebuhraya Puchong – Sg Besi Bukit Jalil
57000 Kuala Lumpur
Tel: (603) 8996070/1700/2700 Fax: (603) 89664700
Email: secretariat@acadmed.my

APPLICATION FOR CANDIDATE MEMBERSHIP

BANK DETAILS

The fees can be paid via online transfer / cheque / remittance to our account below:-

Account Name : Academy of Medicine of Malaysia
Account No : 8731 0377 3485
Bank : Standard Chartered Bank
Lot 4&5, Level G2 Publika Shopping Gallery
Solaris Dutamas
50480 Kuala Lumpur
Wilayah Persekutuan Kuala Lumpur

Kindly share with us a copy of the transaction slip for receipt issuance and record update.

Candidate Membership

Please attach:

- Certified true copy of Basic Medical Degree(s)
- Supporting letter from Supervisor/Dean
- Cash / Cheque / Online transfer for **RM100.00**. Annual subscription (RM100.00)