



PERSATUAN DERMATOLOGI MALAYSIA
(Dermatological Society of Malaysia)

Application for Membership

I. PERSONAL PARTICULARS

Name	:	_____	Titles	:	_____
I.C. No.	:	Old : _____	New	:	_____
Date of Birth	:	_____			
Sex	:	_____			
Address	:	_____			
<i>Home</i>			<i>Office</i>		
Post Code	:	_____	Post Code	:	_____
Country	:	_____	Country	:	_____
Tel	:	_____	Fax	:	_____
Email	:	_____	Email	:	_____

II. ACADEMIC

<i>Qualifications</i>	<i>Year</i>

* Please enclose a photocopy of your certificates.

III. EXPERIENCE

Previous Employment:

<i>Positions</i>	<i>Year & Employer</i>

Current Position:

<i>Position</i>	<i>Year & Employer</i>

IV. PROFESSIONAL INTERESTS

Publications & public lectures – if any (if the space below is insufficient, please provide details on separate sheet):

<i>Topic</i>	<i>Publication & Public Lectures</i>

Research interest (if any):

<i>Topic</i>	<i>Brief Details</i>

V. RECOMMENDED BY

<i>Details</i>	<i>1st Proposer</i>	<i>2nd Proposer</i>
Name		
I.C. No.		
Position		
Address		
Tel & Fax		

VI. FEES

Please tick (✓) accordingly.

- Ordinary Members : Annual Subscription RM50.00
- Life Membership : Free (ordinary members in good standing with more than 10 years of continuous membership).

Please find enclosed:

- Cash for RM _____
- Cheque / Cashier Order No.: _____ for RM _____

I hereby agree to abide by the rules and regulations as stipulated in the Constitution of the Society.

Signature: _____

Date: _____

For Office Use

<i>Type of Membership</i>	<i>Date Joined</i>	<i>Renewal Date</i>	<i>Receipt No.</i>

Application tabled and approved at Executive Committee Meeting held on _____

Membership certificate given on _____

President: _____

Date: _____

Secretary: _____

Date: _____