

MALAYSIAN SOCIETY OF ALLERGY AND IMMUNOLOGY

Persatuan Alergi dan Immunologi Malaysia

Membership Application Form

I hereby apply for membership as:

- Ordinary Honorary Life Associate Allied Health Corporate

Name: _____ Sex: _____

I/C No. (new): _____ I/C No. (old): _____

Degree/s and/or Title: _____

Postal Address: _____

Tel No: _____ Fax No: _____

H/P No: _____ e-mail: _____

Speciality: _____

Are you currently practicing in a field relevant to Allergy and Immunology full time?

If NOT actively practicing in a field relevant to Allergy and Immunology and your application is for other than Ordinary, Life or Associate Member, describe relevant activities in detail.

Proposed by: _____ Date: _____

Seconded by: _____ Date: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature: _____ Date: _____

Have you read the rules of the Society? Yes No

Please submit your form to:

MSAI Secretariat

142, Jalan Ipoh
3rd Floor, UMNO Selangor Building
51200 Kuala Lumpur, Malaysia
Tel: 603-4041 0092, 603-4041 6336
Fax: 603-4042 6970, 603-4042 7919
e-mail: dr_harnam@hotmail.com
websites: www.allergymsai.org, www.xyzofallergy.org