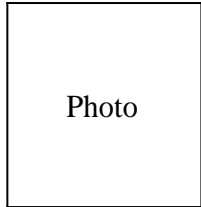




# MALAYSIAN ASSOCIATION FOR BRONCHOLOGY AND INTERVENTIONAL PULMONOLOGY

Email this form to: [malaysianassocbronchology@gmail.com](mailto:malaysianassocbronchology@gmail.com)



## Application for Membership

Honorary Secretary,  
c/o  
Dept of Pulmonology,  
Serdang Hospital,  
Jalan Puchong, 43000 Ulu Langat, Selangor  
Malaysia.

Please enrol me as:

	Member	Affiliate Member
Professional	<input type="checkbox"/>	<input type="checkbox"/>
Paramedic	<input type="checkbox"/>	<input type="checkbox"/>

<u>Membership Fee</u>	<u>Member RM</u>	<u>Affiliate Member RM</u>
Professional (specialist)	200.00	200.00
Professional (non-specialist)	100.00	100.00
Allied member (paramedic)	50.00	50.00
 <u>Annual Fee</u>		
Professional (specialist)	100.00	100.00
Professional (non-specialist)	80.00	80.00
Allied member (paramedic)	35.00	35.00

I enclose herewith my fee of RM/USD..... for my membership/annual fee via: (Please tick one)

- Bank-in transaction at ATM (please email the bank-in slip as proof)
- Funds transfer (please email the transaction slip as proof)
- Cheque (**Please make cheque payable to "MABIP"**)
- PayPal (overseas members). Please choose affiliate category and click the link below <https://www.paypal.com/invoice/p/#CSGXJ54SHG73M5SX>

Bank details:

**Name: MAYBANK ISLAMIC BANDAR BARU BANGI BRANCH** Account no: 562834629606

**Swift code: MBBEMMYKL**

**Address:**

**No. 7 & 9, Jalan 9/9C, Seksyen 9, Bandar Baru Bangi, 43650 Bangi, Selangor, Malaysia**

**Tel: +603-8926 1105**

**Fax: +603-8926 1028**

My personal particulars are as follows:

Name in full: \_\_\_\_\_  
(BLOCK LETTERS)

I/C No (New): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport No (For Non-Malaysian): \_\_\_\_\_

Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Present Appointment: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Correspondence Address:  
(Please tick one)

Office Address

Home Address

Qualifications:

<u>First Degree/Diploma</u>	<u>Awarding Body</u>	<u>Year</u>
_____	_____	_____

Postgraduate Qualifications:

<u>Specialty</u>	<u>Awarding Body</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Stamp of Applicant:  
(If Applicable)

**Proposer (Current MABIP Member):**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Affiliate Membership of MABIP**

Requirements for Affiliate Membership of MABIP

- All allied health applicants must include proof of basic professional qualification or licensure or registry
- Affiliate Membership fee is RM100.00 per year. Membership fee may change from time to time. Membership fee must accompany the application form in order for the application to be processed.

Affiliate Membership of MABIP entitles you to:

- All the MABIP publications electronically (such as the newsletter)
- Access to Journal of Bronchology and Interventional Pulmonology and UpToDate
- Consult and use the educational materials provided by the MABIP on its website/Facebook page
- Attend the MABIP annual courses and other CME activities held under the MABIP auspices (Note: registration fees apply)
- Special discounted registration fees during the MABIP annual courses as well as workshops and seminars organised by MABIP
- Form subcommittees or hold office in subcommittees, subject to prior written approval of the central committee

Affiliate Members of MABIP do not have the power or are not entitled to:

- Nominate or vote for the central committee members
- Hold elected office in the central committee
- Recommend or vote for any amendment to the society constitution
- Solicit funds for society activities without prior written approval of the central committee