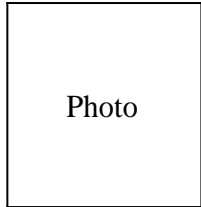




MALAYSIAN ASSOCIATION FOR BRONCHOLOGY AND INTERVENTIONAL PULMONOLOGY

Email this form to: 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>Life/Affiliate Member</u> RM	<u>Normal/Affiliate Member</u> RM
Professional (specialist)	500.00	200.00
Professional (non-specialist)	500.00	100.00
Allied member (paramedic)	500.00	50.00
 <u>Annual Fee</u>		
Professional (specialist)		100.00
Professional (non-specialist)		80.00
Allied member (paramedic)		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 a PayPal invoice will be emailed to you.

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
- 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