



Malaysian Osteoporosis Society

Name: _____

Address: _____

Postcode: _____

Telephone: _____ E-mail: _____

I/C No: _____ Nationality: _____

Designation: _____ Specialty: _____

Degree(s): _____

Place of practice:

| | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Government Department |
| <input type="checkbox"/> | University Faculty |
| <input type="checkbox"/> | Sole proprietor |
| <input type="checkbox"/> | Group practice |
| <input type="checkbox"/> | Private hospital |
| <input type="checkbox"/> | Other |

Category of membership: Ordinary Member RM20/year
 Corporate Member RM500/year
 Life Member RM150 (one time payment)

Date: _____ Signature: _____

Kindly make all cheques payable to “**Persatuan Osteoporosis Malaysia**” or you may make payment directly to the account at Public Bank Berhad (A/C No: 3072875613). Please send us the registration form together with cheque or proof of payment to:

Ms. Sophia Lim (The Malaysian Osteoporosis Society), Johnson & Johnson Sdn. Bhd. Level 8, The Pinnacle, Persiaran Lagoon, Bandar Sunway, 46150 Petaling Jaya, Selangor Darul Ehsan.

Email: info@osteoporosis.my