

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

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

\_\_\_\_\_ Postcode : \_\_\_\_\_

Telephone : \_\_\_\_\_ Email : \_\_\_\_\_

I/C No : \_\_\_\_\_ Nationality : \_\_\_\_\_

Designation : \_\_\_\_\_ Specialty : \_\_\_\_\_

Degree(s) : \_\_\_\_\_

Place Of Practice

	Government Department
	University Faculty
	Sole Proprietor
	Group Practice
	Private Hospital
	Other

Category of Membership:    Ordinary Member                      RM 20/year                        
    Corporate Member                      RM 500/year                        
    Life Member                              RM 150 (One-time payment)                     

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

**Important Note:**

- Kindly submit your Curriculum Vitae along with this application form.
- Approval of new member application must be proposed and seconded by current members
- The committee will decide on the application for membership. The committee reserves the right to accept / reject the application.
- Bank details will be provided upon acceptance of the application. Kindly send the bank in slip to [info@osteoporosis.my](mailto:info@osteoporosis.my) or [secretariat.mos@gmail.com](mailto:secretariat.mos@gmail.com)

Proposed by

Seconded by

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

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