



PERSATUAN DERMATOLOGI MALAYSIA
(Dermatological Society of Malaysia)

Application for Membership

I. PERSONAL PARTICULARS

Name	:		Titles	:	
I.C. No.	:	Old :	New	:	
Date of Birth	:				
Sex	:				
Address	:				
<i>Home</i>			<i>Office</i>		
Post Code	:		Post Code	:	
Country	:		Country	:	
Tel	:	Fax :	Tel	:	Fax :
Email	:		Email	:	

II. ACADEMIC

<i>Qualifications</i>	<i>Year</i>

* Please enclose a photocopy of your certificates.

III. EXPERIENCE

Previous Employment:

<i>Positions</i>	<i>Year & Employer</i>

Current Position:

<i>Position</i>	<i>Year & Employer</i>

IV. PROFESSIONAL INTERESTS

Publications & public lectures – if any (if the space below is insufficient, please provide details on separate sheet):

<i>Topic</i>	<i>Publication & Public Lectures</i>

Research interest (if any):

<i>Topic</i>	<i>Brief Details</i>

V. RECOMMENDED BY

<i>Details</i>	<i>1st Proposer</i>	<i>2nd Proposer</i>
Name		
I.C. No.		
Position		
Address		
Tel & Fax		

VI. FEES

Life Membership: RM500 (Member will transition to lifetime member after 10 years of good standing)

Please make online payment to:

Standard Chartered Saadiq Berhad

Account Name: Persatuan Dermatologi Malaysia

Account No.: 312409856536

For Office Use			
Type of Membership	Date Joined	Renewal Date	Receipt No.
<p>Application tabled and approved at Executive Committee Meeting held on _____</p> <p>Membership certificate given on _____</p> <p>President: _____ Date: _____</p> <p>Secretary: _____ Date: _____</p>			