

# THE PENANG MEDICAL PRACTITIONERS' SOCIETY

Founded 1932



## MEMBERSHIP OF THE PENANG MEDICAL PRACTITIONERS' SOCIETY

**Ordinary Membership** of the Penang Medical Practitioners' Society (PMPS) is open to all private medical practitioners practising or residing in the State of Penang.

**Associate Membership** of the PMPS is open to all private medical practitioners practising outside the State of Penang, and to non-private medical practitioners practising both in and outside the State of Penang.

Photo of applicant

**Hon. Secretary**  
**The Penang Medical Practitioners' Society**  
**PG Corporate Services Sdn Bhd**  
18-22-A1 Gurney Tower, Persiaran Gurney, 10250 Penang.  
Tel : 04-8180 288 Fax : 04-8180 287

Please submit with this application

1. A copy of your photograph
2. A photo-copy of your Annual Practising Certificate (A.P.C.)

Dear Sir,

I wish to apply for ordinary/associate membership of the Penang Medical Practitioners' Society. I shall abide by the Constitution and rules of the Society and will endeavour to uphold the good name of the Society. I am returning this form duly completed together with entrance fee of **RM 100.00** and an annual subscription of **RM 100.00** or life membership subscription of **RM 1,000.00**.

Yours faithfully

|                                     |                            |                       |
|-------------------------------------|----------------------------|-----------------------|
| <input checked="" type="checkbox"/> | <b>Joining Fee</b>         | <b>RM 100.00</b>      |
| <input type="checkbox"/>            | <b>Annual Subscription</b> | <b>RM 100.00</b> , or |
| <input type="checkbox"/>            | <b>Life Membership Fee</b> | <b>RM 1,000.00</b>    |

..... Date : .....

Signature of Applicant

**TOTAL** **RM**

**N.B** Cheque should be made payable to Penang Medical Practitioners' Society.

## APPLICATION FORM FOR ORDINARY / ASSOCIATE MEMBERSHIP

Name: .....

Home Address: .....

..... Post Code:..... Tel. No: .....

Office Address: .....

..... Post Code:..... Tel. No: .....

Email: ..... HP No: .....

### PARTICULARS OF PROPOSED MEMBER

Medical Qualifications:

| Year  | Degree/Diploma | Medical School/Institution |
|-------|----------------|----------------------------|
| ..... | .....          | .....                      |
| ..... | .....          | .....                      |
| ..... | .....          | .....                      |
| ..... | .....          | .....                      |

Proposer: ..... Signature: .....

Seconder: ..... Signature: .....

Approved/Disapproved by the Penang Medical Practitioners' Society:

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