



**Malaysian Upper Gastrointestinal Surgical Society**  
 Academy of Medicine of Malaysia , G-1 Medical Academies of Malaysia,  
 210 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia.  
 Tel: 603-4023 4700, 603-4025 4700 Fax: 603-4023 8100

**MEMBERSHIP APPLICATION FORM**

| PERSONAL PARTICULARS  |   |               |                       |      |
|---|---|---------------|-----------------------|------|
| NAME  |   |               |                       |      |
| TITLE   |   | GENDER        |                       |      |
| IC NUMBER/PASSPORT  |   | DATE OF BIRTH |                       |      |
| HOME ADDRESS  |   |               |                       |      |
| UNIT/BLOCK/STREET ADDRESS 1   |   |               |                       |      |
| STREET ADDRESS 2  |   |               |                       |      |
| TOWN  |   | DISTRICT      |                       |      |
| STATE   |   | POSTCODE      |                       |      |
| EMAIL   |   |               |                       |      |
| HOUSE PHONE NUMBER  |   | MOBILE NUMBER |                       |      |
| OFFICE PHONE NUMBER   |   |               |                       |      |
| OFFICE ADDRESS  |   |               |                       |      |
| CURRENT EMPLOYER  |   |               |                       |      |
| POSITION IN INSTITUTION   |   |               |                       |      |
| UNIT/BLOCK/STREET ADDRESS 1   |   |               |                       |      |
| STREET ADDRESS 2  |   |               |                       |      |
| TOWN  |   | DISTRICT      |                       |      |
| STATE   |   | POSTCODE      |                       |      |
| ACADEMIC QUALIFICATIONS   |   |               |                       |      |
| QUALIFICATION   |   |               | YEAR                  |      |
| 1.  |   |               |                       |      |
| 2.  |   |               |                       |      |
| 3.  |   |               |                       |      |
| RECOMMENDED BY  |   |               |                       |      |
| PROPOSERS   | PRIMARY   | SECONDARY     |                       |      |
| NAME  |   |               |                       |      |
| IC NUMBER/PASSPORT  |   |               |                       |      |
| POSITION  |   |               |                       |      |
| SIGNATURE   |   |               |                       |      |
| FEES - Payable to 'Malaysian Upper GI Surgical Society' at Maybank 5623 1130 2314                                   |   |               |                       |      |
| <i>PLEASE CHOOSE ONE [TICK ACCORDINGLY]</i>   |   |               |                       |      |
| ORDINARY MEMBER   | ENTRANCE FEE RM100 & ANNUAL SUBSCRIPTION <b>RM100 [RM200]</b>         |               |                       |      |
| LIFE MEMBER   | ENTRANCE FEE RM100 & ONE TIME SUBSCRIPTION FEE <b>RM1000 [RM1100]</b> |               |                       |      |
| ALLIED MEMBER   | MEDICAL OFFICERS & ALLIED HEALTH ENTRANCE FEE <b>[RM100]</b>          |               |                       |      |
| <b>I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS AS STIPULATED BY THE SOCIETY'S CONSTITUTION AND BY-LAWS</b> |   |               |                       |      |
| APPLICANT'S SIGNATURE   | DATE  | APPROVED      | PRESIDENT'S SIGNATURE | DATE |
|   |   | YES           |                       |      |
|   |   | NO            |                       |      |

Please forward registration forms to hmahendran@hotmail.com