

NEUROSURGICAL ASSOCIATION, MALAYSIA (NAM)



APPLICATION FOR MEMBERSHIP

Photograph

1. Name in full:-----
(In block letters)

2. Home Address: -----

-----Tel No:-----
-----Handphone No:-----

3. Office Address-----

-----Tel No:----- Fax No:----- E-mail Address:-----

4. Date of Birth:-----

5. IC No (Malaysian citizen)-----
Citizen and Passport No (Non-Malaysian citizen)-----

6. Category of membership applied for (please tick appropriate box):

Ordinary
Associate
Life

7. Qualifications (please enclose certified true copies of certificates):

Degree/Diploma	Institution	Year
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8. Present Appointment:-----

9. Past Appointment since date of basic degree and postgraduate degree (please state nature of position, duration of appointment and name of institution/place of practice)

Appointment	Date	Institution/Place of Practice
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10. Publications in peer-reviewed journals or equivalent.

APPLICATION FOR INCLUSION IN THE NEUROSURGICAL ASSOCIATION MALAYSIA MEMBERSHIP REGISTER

Prospective members who wish to be included in the Neurosurgical Association Malaysia membership register are requested to provide the following details.

- 1. Specialty (eg Neurology, Radiology, Pathology, etc)

- 2. Field of interest

- 3. Please provide details of training and practice in discipline/specialty (Include training position, duration of training and practice, institution and name of consultant/supervisor. Enclose where appropriate testimonials, letters and other documents to support periods of training or practice).
Nature of training Date Institution & Consultant/Supervisor

- 4. Please provide names and address of two Referees, (two of whom members of the Neurosurgical Association Malaysia and are able to confirm your standing as a practicing specialist) (Both must be life)

Name:-----

Address:-----

Signature of referee (1)

Name:-----

Address:-----

Signature of referee (2)

Date:-----

Signature:-----

NEUROSURGICAL ASSOCIATION MALAYSIA (NAM)

Pledge To Be Signed By Applicant

I declare that I have read and agree to be bound by the Constitution and Regulations of the Association now in force, and also to be bound by any amendments to the Constitution or any other regulations adopted from time to time by the Association or its Council or duly delegated authority.

I declare that I will submit to any penalties including expulsion from the Association or its Council for violation of any of the Articles of the Constitution or Regulations or of this pledge.

Date: -----

Signature:-----

Name:-----

NEUROSURGICAL ASSOCIATION MALAYSIA

APPLICATION FOR MEMBERSHIP

Applications must be filled out in the prescribed form at and signed by the applicant and must be accompanied by

- certified true copies of
 - a. basic medical degree(s)
 - b. postgraduate qualifications(s)
 - c. List of Publications
 - d. Cheque/banker's order for RM 1,000 for life members, RM 100 for ordinary membership and RM50 for associate membership

A. Ordinary Membership

Fully registered medical practitioners by the Malaysian Medical Council who

- are certified to be specialists by the appropriate authorities (letters to be enclosed)
- have a recognized postgraduate or higher qualifications and are of good character and conduct
- have been testified by three referees, two of whom must be members of the Association have published and presented papers of a standard acceptable to the Council
- two years experience in the neurosurgical field after being gazzettment as a neurosurgeon
- voting rights are given if fees are paid and valid on day of AGM.

B. Associate Membership

- Medical or other practitioners who do not fulfill the Ordinary membership criteria of the Association. Persons in allied professions involved in medical research who are able to further the interest of the Association. No voting rights are given.

C. Life Membership

- Must be ordinary member for at least 2 years in this association and approved at the Annual General Meeting
- Exco of the Neurosurgical Association, Malaysia reserves the right to reject application before the AGM.

OFFICE USE ONLY

Verified by Exco members

On-----

President

Approved

On (date)-----

Secretary

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Treasurer