

Academy of Medicine of Malaysia



APPLICATION FOR MEMBERSHIP

1. Title: _____

2. Name in full : _____
(in *BLOCK* letter)

3. Home Address: _____

Tel No: _____ Fax No: _____ E-mail: _____

4. Practice Address: _____

Tel No: _____ Fax No: _____ E-mail: _____

5. Preferred mailing address : Home ☐ Office ☐

6. Date of Birth : _____

7. IC No. (Malaysian citizen) : _____

Citizenship and Passport No. (Non-Malaysian) : _____

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

Ordinary ☐ Life ☐ Associate ☐

9. National Specialist Register (**NSR**) No: _____

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

Degree/Diploma

Institution

Year

_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Present Appointment: _____

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

Appointment

Date

Institution/Place of Practice

_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Publications in peer-reviewed journals (please provide photocopies of complete published articles)

14. Please provide names and addresses of **three** referees (**two** of whom are members of the Academy and are able to confirm your standing as a practising specialist)

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Please find enclosed:

☐ Cheque No: _____
(in favor of Academy of Medicine of Malaysia)

RM _____

☐ Cash: _____

Date: _____

Signature: _____

RECOMMENDATION OF COLLEGE

The Council of the College of _____

recommends that _____

has fulfilled all the membership admission criteria and be admitted as an ordinary member / associate member of the Academy of Medicine of

Malaysia and his / her name be listed as a member of the College of _____

President

Name _____

Date _____

Hon Secretary

Name _____

Date _____

OFFICE USE ONLY

Verified by Board of Censors

On _____

Chief Censor

Approved

on (date) _____

Master

ACADEMY OF MEDICINE OF MALAYSIA

Unit 1.6, Level 1, Enterprise 3B
Technology Park Malaysia (TPM)
Jalan Inovasi 1, Lebuhraya Puchong – Sg Besi Bukit Jalil
57000 Kuala Lumpur
Tel: (603) 8996070/1700/2700 Fax: (603) 89664700
Email: secretariat@acadmed.my

PLEDGE TO BE SIGNED BY APPLICANT

I here by pledge myself as a condition of membership of the Academy of Medicine of Malaysia that I will practice my profession and conduct my life in strict accordance with the Constitution of the Academy.

I declare that I have read and agree to be bound by the Constitution and Regulations of the Academy 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 Academy or its Council or duly delegated authority.

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

Date: _____

Signature: _____

Name: _____

ACADEMY OF MEDICINE OF MALAYSIA

APPLICATION FOR MEMBERSHIP

BANK DETAILS

The fees can be paid via online transfer / cheque / remittance to our account below:-

Acc Name : Academy of Medicine of Malaysia
Acc No : 8731 0377 3485
Bank : Standard Chartered Bank
Lot 4&5, Level G2 Publika Shopping Gallery
Solaris Dutamas
50480 Kuala Lumpur
Wilayah Persekutuan Kuala Lumpur

Kindly share with us a copy of the transaction slip for receipt issuance and record update.

Ordinary / Life / Associate Membership

Fully registered medical or dental practitioners who

- are certified to be specialists by the appropriate authorities,
- 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 Academy of Medicine of Malaysia
- have registered with National Specialist Register (**NSR**)

Notwithstanding the criteria above, the Council may admit

- qualified members of the medical or dental professions of at least twenty years standing, engaged in medical/dental practice provided that not more than ten such members shall be admitted in any one financial year.
- qualified members of the medical or dental profession holding higher academic or professional qualifications (eg MD, DMedSc, PhD, Board Certification) provided that they have contributed significantly to medicine.
- persons without a medical qualification but engaged full time in a medical discipline, provided that such persons shall hold academic or professional qualifications equivalent to a PhD and have contributed significantly to medicine.

Associate Membership

- Medical or dental practitioners who do not fulfill the Ordinary membership criteria of the Academy. Persons in allied professions involved in medical research who are able to further the interest of the Academy.

Please attach:

Ordinary / Associate Member

- Certified true copies of
 - a. Basic Medical Degree(s)
 - b. Postgraduate qualification(s)
 - c. National Specialist Register (NSR) certificate
- Cash / Cheque / Online transfer for **RM650.00** - entrance fee (RM500.00) and annual subscription (RM150.00)

Life Member

- Certified true copies of
 - a. Basic Medical Degree(s)
 - b. Postgraduate qualification(s)
 - c. National Specialist Register (NSR) certificate
- All members except Honorary Fellows may become Life Members by donating to the Academy the following sums:

Above 50 years old

- Cash / Cheque / Online transfer of **RM1500.00** - entrance fee (RM500.00) and life member subscription (RM1000.00)

50 years old and below

- Cash / Cheque / Online transfer of **RM3000.00** - entrance fee (RM500.00) and life member subscription (RM2500.00)

Life Members shall be exempted from payment of annual subscriptions.