PERSATUAN FARMASI MALAYSIA MALAYSIAN PHARMACEUTICAL SOCIETY

16-2, Jalan OP 1/5, 1-Puchong Business Park, Off Jalan Puchong, 47160 Puchong, Selangor Tel: 03-8079 1861 Fax: 03 – 8070 0388 email: mspharm@po.jaring.my Web: www.mps.org.my

1. PERSONAL		MEMBERSHIP APPLICATION/RENEWAL*			Year 2 0 1
Mr/Mrs/Miss/Dr/Prof/others:		Awards (Datuk/Dato'/o		ato'/others):	Type of Membership
Name		Pharmacist Registration No:		Ordinary	
NRIC No: (new)		(old): Member since (rene		newal only):	Associate Postgraduate
Company/Institution		Designation:			Undergraduate
LIFE					
/	Office —		Home		
Address					
Town / Postcode State					
Tel and Fax					
Email					
Preferred mailing address: Office Home					
3. NEW MEMBER ONLY					
Qualification	University/College	Year Qualified	Name and Signature of S		and Signature of Seconder
			(eg: an ordinary mem		g: an ordinary member) PLICABLE
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4. PAYMENT OPTIONS					
A) Cheque Bankdraft No For the sum of RM (payable to "Malaysian Pharmaceutical Society")					
B) By direct bank transfer for the sum of RM via MAYBANK ATM / Cash Deposit Machine / TT into the MPS Maybank account. Account Name: Malaysian Pharmaceutical Society; Bank: Account No: 0-1427131-9672; Name of MPS Bank: Malayan Banking					
Berhad (Maybank). You MUST send the bank receipt to MPS to confirm your payment.					
C) Please charge my Credit / Charge Card No: Expiry Date:					
for the amount of RM Please charge the yearly renewal subscription to my card					
until advise in writing (auto-renewal): RM200/- x 10 months for Life membership					
Amex					
✓ Visa✓ MasterCard	Signature	D	ate Signatu	re	Date
5. RATES: Subscription rate for membership per annum (1 st Jan – 31 st Dec)					
, , , , , ,		Ordinary: Associate Postgraduate RM120/- RM90/- RM45/-		LIFE: LIFI RM2,000/-	E RM200 X 10 MONTHS VIA CREDIT CARD
6.FOR OFFICIAL USE ONLY					
	ized and confirmed by	Application approved by		Applicant informed by Honorary Secretary	
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