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: finance.mps@gmail.com Web: www.mps.org.my

1. PERSONAL		MEMBERSHIP A	PPLICATIO	N/RENEWAL	*		Year 2 0 1 8	
Mr/Mrs/Miss/Dr/Prof/others:			Aw	Awards (Datuk/Dato'/others):			Types of Membership	
Name			Ph	Pharmacist Registration No:				
NRIC No: (new)	(old):	(old): Member since (renewal only):			PRP			
Company/Institution Designation:							1 <u> </u>	
2 CONTACT								
Address	Office ———			— Home –			LIFE	
Address								
Town / Postcode								
State								
Tel and Fax								
Email								
Preferred mailing address: Office Home								
3. NEW MEMBER ONLY: TO SUBMIT 2 PROPOSERS AND SECONDERS								
Qualification	University/College							
			(eg. a	an ordinary mem	bei)	(6)	g. an ordinary member)	
4. PAYMENT OPT	IONS	rsity/College Year Qualified Name and Signature of Sponsor (eg: an ordinary member) No For the sum of RM (payable to "Malaysian Pharmaceutical Society") or the sum of RM via MAYBANK ATM / Cash Deposit Machine / TT into the MPS Maybank ysian Pharmaceutical Society; Bank: Account No: 0-1427131-9672; Name of MPS Bank: Malayan Banking send the bank receipt to MPS to confirm your payment. rge Card No: Expiry Date: Please charge the yearly renewal subscription to my card until advise in writing (auto-renewal):						
A) Cheque Bankdraft No For the sum of RM (payable to "Malaysian Pharmaceutical Socie							an 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:								
facility and of DM								
until advise in writing (auto-renewal):								
Amex	ionalo foi Elle memberomp							
☐ Visa ☐ MasterCard	Signature			Signatur	e		Date	
mastereard	Olgitataro							
5. RATES: Subscr	iption rate for membership	Pharmacist Registration No: Member since (renewal only):						
	RM200/- x 10 months for Life membership Amex Visa MasterCard Signature Date Date Signature Date Date ATES: Subscription rate for membership per annum (1st Jan – 31st Dec) Dridinary: Entrance fees upon joining / Grdinary: Associate postgraduate / PRP LIFE: LIFE RM200 X 10 MONTHS VIA RM45/- RM45/- RM2,000/- CREDIT CARD							
6.FOR OFFICIAL USE ONLY								
Credential scrutinized and confirmed by		Application approved by		Applicant informed by Honorary Secretary				