



**MALAYSIAN SOCIETY OF CYTOLOGY**  
(PERSATUAN SITOLOGI MALAYSIA)

**Membership Application Form**

Name: \_\_\_\_\_ Title: Prof./Tan Sri/Dato'/Datin/Dr./Mr./Mrs./Miss

Male

Female

Identity Card No.: \_\_\_\_\_

Position: Specialist/ Medical Doctor/ Science Officer/ MLT and Others (please specify): \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Qualification: \_\_\_\_\_

Mobile No. : \_\_\_\_\_ Office No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PROPOSER AND SECONDER** (must be members of the Society and known to the applicant)

Proposer:	Signature: _____
Seconder:	Signature: _____

**REGISTRATION FEE:** RM 30.00 (ordinary and life member)

**TYPE OF MEMBERSHIP:**

MEMBERSHIP CATEGORY	SUBSCRIPTION	PLEASE ( / )	REMARKS
Specialist	RM 100.00	( )	Annual Payment
Medical officer	RM 80.00	( )	Annual Payment
Science Officer	RM 60.00	( )	Annual Payment
MLT & Others	RM 40.00	( )	Annual Payment
Life Member	RM 1000.00	( )	Lifetime Payment

Particulars of \*Cheque/ Cash/ Electronic bank transfer which is attached:

a) Cheque No: \_\_\_\_\_ b) Sum: \_\_\_\_\_

b) Bank: \_\_\_\_\_

Payment in the form of Cheque to be made to **Persatuan Sitologi Malaysia (Malaysian Society of Cytology)**

**Electronic bank transfer: Persatuan Sitologi Malaysia (Malaysian Society of Cytology)**

**CIMB ISLAMIC BANK BERHAD ACC NO: 8600289548**

I hereby apply to become a member of the Malaysian Society of Cytology (MSOC) and agree to abide by its Constitution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application should be addressed and submitted to -

SECRETARY  
MALAYSIAN SOCIETY OF CYTOLOGY (PERSATUAN SITOLOGI MALAYSIA),  
CYTOPATHOLOGY UNIT, DEPARTMENT OF PATHOLOGY, FACULTY OF MEDICINE,  
UKM MEDICAL CENTRE, JALAN YAACOB LATIF, BANDAR TUN RAZAK,  
56000 CHERAS, KUALA LUMPUR, MALAYSIA,  
Tel: +603-9145 5466/6424/6425 Email: [malaysian.societv.cytology@gmail.com](mailto:malaysian.societv.cytology@gmail.com)

**For Official Use Only**

Membership No: \_\_\_\_\_ issued on \_\_\_\_\_

\*Fee of RM \_\_\_\_\_ paid Receipt No. \_\_\_\_\_ dated \_\_\_\_\_