

Registration number: 

\*to be filled up by secretariat



# PERTUBUHAN PENDIDIKAN PERUBATAN LEPASAN IJAZAH (POSTGRADUATE MEDICAL EDUCATION SOCIETY) PERLIS

## MEMBERSHIP APPLICATION FORM

I would like to join the Post-graduate Medical Education (PGMES) of Hospital Tuanku Fauziah. I agree to abide by the terms and rules stated by the society.

My particulars are as follows:

Name : \_\_\_\_\_

I/C Number : \_\_\_\_\_ Male ( ) / Female ( )

Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

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

Corresponding Address : \_\_\_\_\_  
\_\_\_\_\_

Contact number : (Mobile) \_\_\_\_\_ (Office) \_\_\_\_\_

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

### TYPE OF MEMBERSHIP APPLIED FOR:

A. ORDINARY MEMBER (within state of Perlis)	(√)	FEES	
		Entrance	Annual*
Specialist		RM 20.00	RM 20.00
Medical Officer		RM 20.00	RM 20.00
Pharmacist / Dentist / Science Officer/ Allied Health		RM 20.00	RM 20.00

B. ASSOCIATE MEMBER (within state of Perlis)	(√)	FEES	
		Entrance	Annual*
Paramedic		-	RM 5.00

\*Annual fees (cash) payable to: PGMES treasurer within 1 month from 1<sup>st</sup> to 31<sup>st</sup> January

\*Official receipt shall be issued by PGMES

### PLACE EMPLOYMENT:

A. Hospital : \_\_\_\_\_ Department : \_\_\_\_\_

B. Other (specify) : \_\_\_\_\_

C. Employer Address : \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
\*Proposer Signature & Date  
Name :

\_\_\_\_\_  
\*Seconder Signature & Date  
Name :

\*Proposer & Seconder must be ordinary member of PGMES

### FOR SECRETARIAT USE ONLY

Membership Approved ( ) Rejected ( )

If approved, date of membership : \_\_\_\_\_

Membership number : \_\_\_\_\_

\_\_\_\_\_  
President  
Name :

\_\_\_\_\_  
Secretary  
Name :