







Category Type	Description	Category Type	Description
<input type="checkbox"/> Acc.& Emerg.	Accident & Emergency	<input type="checkbox"/> Neuro. Surg.	Neuro Surgery
<input type="checkbox"/> Anaest.	Anaesthetics	<input type="checkbox"/> Nuclmd.	Nuclear Medicine
<input type="checkbox"/> Av. Med.	Aviation Medicine	<input type="checkbox"/> ObsGyn.	Obstetric & Gynaecology
<input type="checkbox"/> Cardio.	Cardiology	<input type="checkbox"/> Occ. H.	Occupational Health
<input type="checkbox"/> Cardio. Surg.	Cardiothoracic Surgery	<input type="checkbox"/> Oncology	Oncology
<input type="checkbox"/> Campath.	Chemical Pathology	<input type="checkbox"/> Ophth.	Ophthalmology Surgery
<input type="checkbox"/> Chest	Chest Medicine	<input type="checkbox"/> Ortho. Surg.	Orthopaedic Surgery
<input type="checkbox"/> Cpsych.	Child Psychiatry	<input type="checkbox"/> Paed.	Paediatrics
<input type="checkbox"/> Ctypath	Cytopathology	<input type="checkbox"/> Paed. Surg.	Paediatric Surgery
<input type="checkbox"/> Derm.	Dermatology	<input type="checkbox"/> Parasit.	Parasitology
<input type="checkbox"/> Dentist	Dentistry	<input type="checkbox"/> Phy. & Rheu.	Physician & Rheumatologist
<input type="checkbox"/> Endocr.	Endocrinology	<input type="checkbox"/> Plast. Surg.	Plastic Surgery
<input type="checkbox"/> ENT Surg.	Ear, Nose & Throat Surgery	<input type="checkbox"/> Psych.	Psychiatry
<input type="checkbox"/> Family Ph.	Family/Primary Care Physician	<input type="checkbox"/> Pub. H.	Public Health
<input type="checkbox"/> FMed.	Forensic Medicine	<input type="checkbox"/> Radiol.	Radiology
<input type="checkbox"/> Gastro.	Gastroenterology	<input type="checkbox"/> Radty.	Radiotherapy
<input type="checkbox"/> Gen. Med./Int.Med.	General Medicine/Internal Med	<input type="checkbox"/> Rehab. Med.	Rehabilitation Medicine
<input type="checkbox"/> Gen.Pr.	General Practice	<input type="checkbox"/> SPsych.	Society Psychiatry
<input type="checkbox"/> Gen. Surg.	General Surgery	<input type="checkbox"/> Und. Med.	Underwater Medicine
<input type="checkbox"/> GPath.	General Pathology	<input type="checkbox"/> Uro. Surg.	Urology Surgery
<input type="checkbox"/> Hemptha.	Haematology	<input type="checkbox"/> Vasc. Surg.	Vascular Surgery
<input type="checkbox"/> Hispatch.	Histopathology	<input type="checkbox"/> G.M.O.	Government Medicine Officer
<input type="checkbox"/> Immuno.	Immunology	<input type="checkbox"/> P.M.O.	Private Hospital Medical Officer
<input type="checkbox"/> Inds. H.	Industrial Health	<input type="checkbox"/> R.	Retired
<input type="checkbox"/> M. Admin.	Medical Administration	<input type="checkbox"/> Others	(Please State)
<input type="checkbox"/> Micbio.	Microbiology		
<input type="checkbox"/> Nephro.	Nephrology		
<input type="checkbox"/> Neuro.	Neurology		

---



---



---



Kepada Sesiapa Yang Berkenaan,

**PER : PENGESAHAN PERKHIDMATAN PEGAWAI PERUBATAN SEMASA**

Sila dapatkan pengesahan perkhidmatan daripada Ketua Jabatan sekiranya tidak melampirkan sijil perakuan amalan perubatan (APC) atau sijil pendaftaran dengan Majlis Perubatan Malaysia.

.....  
**Setiausaha Kehormat  
Persatuan Perubatan Malaysia**

---

***Setiausaha Kehormat  
Persatuan Perubatan Malaysia  
124, Jalan Pahang  
53000 Kuala Lumpur***

**PER : PENGESAHAN PERKHIDMATAN PEGAWAI PERUBATAN SEMASA**

Saya dengan ini mengesahkan bahawa Dr.....

No. K/P Baru ...../ No. K/P Lama : .....

sedang berkhidmat di Hospital sebagai **\*House Doctor** atau **\*Pegawai Perubatan** di tahun .....

Sekian, terima kasih.

***\*Delete whichever is inapplicable***

Tandatangan : .....

Name : .....

No. K/P Baru : .....

No. K/P Lama : .....

Jawatan : .....

Cop : .....

Tarikh : .....

To : The Publication Section, MMA

**REQUEST FORM FOR MEDICAL JOURNAL OF MALAYSIA (MJM) AND BRITISH MEDICAL JOURNAL (BMJ)**

1. \*I am interested in receiving a copy of the MJM
2. \*I am interested in receiving a copy of the BMJ
3. \*I am interested in receiving both the MJM and BMJ

Name : .....

NRIC No. : (New) : ..... (Old) : .....

Mailing Address : .....  
.....  
.....

Signature : ..... Date : .....

***\*Please delete which is inapplicable***

---

**Note :**

1. We are currently receiving limited supplies of the BMJ.
2. However, if you are interested in receiving a copy of the same, please fill up the form above, and we will keep it on record.
3. Once the supplier increases the quantity supplied, we shall send out the BMJ.
4. Please note that the mailing address will be the same as that on the MMA's membership record.
5. Please also note that student members will be sent these journals, subject to availability, if they specifically request for it.

## **MEMBERSHIP CATEGORIES**

### **1. Ordinary Membership**

Ordinary Membership shall be open to every medical practitioner whether registered or provisionally registered or conditionally registered in the Register kept by the Registrar of Medical Practitioner and those terms shall have the meaning assigned to them by the Medical Registration Ordinance currently in force.

### **2. Overseas Membership**

Overseas Membership shall be open to a registered medical practitioner who is a Malaysian citizen and whose permanent residence is outside Malaysia.

### **3. Associate Membership**

Associate Membership shall be open to para Medical Personnel who being qualified in their respective profession legally practice in Malaysia.

### **4. Student Membership**

Student Membership shall be open to registered medical students who are citizens of Malaysia and who are undergraduates in any medical school, provided that no local University or University College student shall be admitted as a member without the prior written approval of the Vice-Chancellor concerned.

### **5. Life Membership**

Life Membership of the Association shall be open to Ordinary members of the Association.

## **CURRENT SUBSCRIPTION RATES (with effect from 1/1/96)**

**The rate of annual subscriptions payable by each category of membership on 1st January of each year will be as follows :**

- |                         |  |                       |          |
|-------------------------|--|-----------------------|----------|
| (i) Ordinary Members    | RM200.00 per annum   | Joint Ordinary Member | RM100.00 |
| (ii) Overseas Members   | RM200.00 per annum   |                       |          |
| (iii) Associate Members | RM200.00 per annum   |                       |          |
| (iv) Student Members    | RM30.00 as one payment to cover the period of undergraduate study. |                       |          |

**The annual subscriptions have currently been reduced for the following members :**

- a) RM50.00 for members who are provisionally registered with the Malaysian Medical Council and working as House Doctors.
- b) RM100.00 for members for the 1st ten years after full registration with MMC.
- c) RM100.00 for spouses of Ordinary Members, Life Members and Overseas Members.

- d) RM100.00 for new members in any category of membership specified by By-Law III (1) (except student members) enrolled in the period 1st July to 31st December, the reduction being for the year only.
- e) RM100.00 for Ordinary Members on temporary leave overseas for more than one (1) whole financial year (1st January to 31st December) provided that the member applies within three (3) months of leaving Malaysia.

**NB : FURTHER INFORMATION CAN BE OBTAINED FROM THE MMA SECRETARIAT.**