



**PERSATUAN GENETIK MANUSIA MALAYSIA  
(MALAYSIAN SOCIETY OF HUMAN GENETICS)**

Registration number: 0695-12-KEL

**Membership Application Form**

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

Title (Tan Sri/ Dato'/ Prof./ Assoc. Prof./ Dr./ Mr./ Mrs./ Miss): \_\_\_\_\_

Gender (Male/Female): \_\_\_\_\_

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

Nationality: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Qualification(s): \_\_\_\_\_

Areas of Specialization or Interest: \_\_\_\_\_

<b>MEMBERSHIP CATEGORY</b>	<b>SUBSCRIPTION</b>	<b>PLEASE TICK ( / )</b>
Life Member (Malaysian only)	RM200.00	( )
Ordinary Member (Malaysian only)	RM 30.00 per year	( )
Associate Member (Non-Malaysian only)	RM 150.00 per year	( )
**Student Member	RM 10.00 per year	( )

Enclosed herewith is my subscription RM\_\_\_\_\_ for the above membership. Cheque/ Money Order/ Bank Draft/ Bank-in (RHB Islamic Bank Berhad, account no. 20305360008184) should be made payable to **PERSATUAN GENETIK MANUSIA MALAYSIA**.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

For student membership only:

I have no objection to the above student from this institution joining the Malaysian Society of Human Genetics

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

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

\*\* Requires approval by the Vice-Chancellor/Head Department

Please complete and return to:

**Dr Surini Yusoff**

Secretary of Malaysian Society of Human Genetics

Department of Paediatrics

Universiti Sains Malaysia Health Campus

16150 Kubang Kerian

Kelantan

Tel: 09-767 6528

Email: surini@usm.my