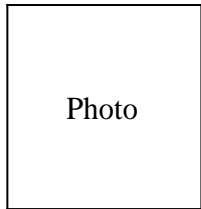




# MALAYSIAN ASSOCIATION FOR BRONCHOLOGY AND INTERVENTIONAL PULMONOLOGY

Email this form to: [malaysianassocbronchology@gmail.com](mailto:malaysianassocbronchology@gmail.com)



## Application for Membership

Honorary Secretary,  
c/o Dept of Pulmonology,  
Serdang Hospital,  
Jalan Puchong, 43000 Ulu Langat, Selangor  
Malaysia.

Please enrol me as:

	Member	Affiliate Member
Professional	<input type="checkbox"/>	<input type="checkbox"/>
Paramedic	<input type="checkbox"/>	<input type="checkbox"/>

<u>Membership Fee</u>	<u>Life/Affiliate Member</u> RM	<u>Normal/Affiliate Member</u> RM
Professional (specialist)	500.00	200.00
Professional (non-specialist)	500.00	100.00
Allied member (paramedic)	150.00	50.00
 <u>Annual Fee</u>		
Professional (specialist)		100.00
Professional (non-specialist)		80.00
Allied member (paramedic)		35.00

I enclose herewith my fee of RM/USD..... for my membership/annual fee via: (Please tick one)

- Bank-in transaction at ATM (please email the bank-in slip as proof)
- Funds transfer (please email the transaction slip as proof)
- Cheque (**Please make cheque payable to "MABIP"**)
- Overseas members (Please choose affiliate category)

Bank details:

**Account name: MABIP**  
**Bank: MAYBANK ISLAMIC BANDAR BARU BANGI**  
**Account no: 562834629606**  
**Registration: PPM-012-03-31122013**  
**Swift code: MBBEMYKL**  
**Address:**  
**No. 7 & 9, Jalan 9/9C, Seksyen 9, Bandar Baru**  
**Bangi, 43650 Bangi, Selangor, Malaysia**

**Tel: +603-8926 1105**

**Fax: +603-8926 1028**

My personal particulars are as follows:

Name in full: \_\_\_\_\_  
(BLOCK LETTERS)

I/C No (New): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport No (For Non-Malaysian): \_\_\_\_\_

Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Present Appointment: \_\_\_\_\_

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

Office Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Home Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Correspondence Address:  Office Address  Home Address  
(Please tick one)

Qualifications:

<u>First Degree/Diploma</u>	<u>Awarding Body</u>	<u>Year</u>
_____	_____	_____

Postgraduate Qualifications:

<u>Specialty</u>	<u>Awarding Body</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signature of Applicant: \_\_\_\_\_

Stamp of Applicant:  
(If Applicable)

**Proposer (Current MABIP Member):**

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

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

**Affiliate Membership of MABIP**

Requirements for Affiliate Membership of MABIP

- All allied health applicants must include proof of basic professional qualification or licensure or registry
- Membership fee may change from time to time. Membership fee must accompany the application form in order for the application to be processed.

Affiliate Membership of MABIP entitles you to:

- All the MABIP publications electronically (such as the newsletter)
- Access to Journal of Bronchology and Interventional Pulmonology and UpToDate
- Consult and use the educational materials provided by the MABIP on its website/Facebook page
- Attend the MABIP annual courses and other CME activities held under the MABIP auspices (Note: registration fees apply)
- Special discounted registration fees during the MABIP annual courses as well as workshops and seminars organised by MABIP
- Form subcommittees or hold office in subcommittees, subject to prior written approval of the central committee

Affiliate Members of MABIP do not have the power or are not entitled to:

- Nominate or vote for the central committee members
- Hold elected office in the central committee
- Recommend or vote for any amendment to the society constitution
- Solicit funds for society activities without prior written approval of the central committee