# **MALAYSIAN SOCIETY OF RADIOLOGISTS**



## **MEMBERSHIP APPLICATION FORM**

(LIFE & CANDIDATE)

## PART I

1.	ARE YOU A CURRENT MEMBER	R OF THE COLLEGE OF RAI	DIOLOGY (COR	)? Please Circ	cle: <b>YES NO</b>		
2.	TYPE OF CURRENT MEMBERSH	IIP AT COR: Please Circ	e: <b>LIFE</b>	ORDINARY	CANDIDATE		
3.	YOUR TITLE: 4	. NAME IN FULL:		RITE IN CAPITAL			
5.	HOME ADDRESS:		•		•		
6.	MOBILE NO:	7	. HOME TEL	NO:			
8.	EMAIL ADDRESS:					· • • • •	
9.	PLACE OF PRACTICE & ADDRESS:						
10.	. PREFERRED MAILING ADDRESS: Please Circle: HOME PRACTICE						
11.	DATE OF BIRTH:						
13.	. FOR NON-MALAYSIAN – CITIZEN OF: 14. PASSPORT NO:						
15.	. TYPE OF MEMBERSHIP APPLYING FOR: Please Circle: LIFE CANDIDATE						
16.	MMC NO:		17. NSR NO:				
18.	. QUALIFICATIONS (Please provide supportive documents / certifications):						
	DIPCOMM / DEGREE	INSTITUTION		<u>YE</u>	<u>EAR</u>		
10	DDECENT ADDOINTMENT					•••••	
	PAST APPOINTMENTS SINCE DATE OF BASIC DEGREE (please state nature of position, duration of						
20.	appointment and name of institution / place of practice):						
	<u>APPOINTMENT</u>	<u>DATE</u>	INSTITUTION	/ PLACE OF P	PRACTICE		
						••••	

## PART II - EXISTING COR MEMBERS DO NOT NEED TO COMPLETE THIS SECTION

1.	PUBLICATIONS IN PEER-REVIEWED JOURNALS (please provide photocopies of complete published articles):							
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2.	PLEASE PROVIDE NAMES AND ADDRESSES OF TWO (2) REFEREES WHO ARE EXISTING COR/MYRAD MEMBERS WHO ARE ABLE TO CONFIRM YOUR STANDING AS A PRACTISING SPECIALIST:							
	1.	NAME:						
		ADDRESS:						
	2.	NAME:						
		ADDRESS:						
	•Ex	xisting CoR Ordinary y the Entrance Fee b	OMOTION - valid only from 7 Dec 2022 until 31 Dec  & Candidate members who are in Good Standing out must complete the membership application form bers do not need to pay the Entrance Fee but must	lo not need to accordingly.				
		TRANCE FEE FOR LIFE I		: RM450.00 : RM450.00				
	EN <sup>*</sup>	TRANCE FEE FOR *CAN		: RM100.00 : RM100.00				
			ology Program & with NSR, able to convert to Life membere is No Annual Membership Renewal Fee.	ership with a				
	PA	YMENT MODE:						
	СН	EQUE NO:	CHEQUE DATE: BANK: AMOUN	IT:				
	ON	ILINE TRANSFER REF NO	): DATE: BANK: AMO	UNT:				
	ВА	NK ACCOUNT NAME NK ACCOUNT NO. NK NAME						
	ΑP	PLICANT'S SIGNATURE	: DATE:					

#### MALAYSIAN SOCIETY OF RADIOLOGISTS

C-2-18, Centrio, No. 1 Jalan Pantai Murni Pantai Hillpark, 59200 Kuala Lumpur. Contacts: 012-2826208 Email: myradsecretariat@gmail.com

#### PLEDGE TO BE SIGNED BY APPLICANT

I hereby pledge myself as a condition of membership of the Malaysian Society of Radiologists (MyRAD) that I will practice my profession and conduct my life in strict accordance with the Constitution of MyRAD.

I declare that I have and agree to be bound by the Constitution and Regulations of MyRAD now in force, and also to be bound by any amendments to the Constitution or any other regulations adopted from time to time by MyRAD or its Council or duly delegated authority.

I declare that I will submit to any penalties, including expulsion from MyRAD or its Council for violation of any Articles of the Constitution or Regulations or of this pledge.

Signature	:	
Name	:	
Date	•	