MEMBERSHIP APPLICATION FORM

(LIFE & CANDIDATE)
PART I

1. ARE YOU A CURRENT MEMBER OF THE COLLEGE OF RADIOLOGY (COR)? Please Circle: **YES**  **NO**

2. TYPE OF CURRENT MEMBERSHIP AT COR: Please Circle: **LIFE**  **ORDINARY**  **CANDIDATE**

3. YOUR TITLE: .......................  4. NAME IN FULL: .................................

(PLEASE WRITE IN CAPITAL LETTERS)

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: ..........................  12. NRIC NO: ...........................


15. TYPE OF MEMBERSHIP APPLYING FOR: Please Circle: **LIFE**  **CANDIDATE**

16. MMC NO: ..........................  17. NSR NO: ..........................

18. QUALIFICATIONS (Please provide supportive documents / certifications):

<table>
<thead>
<tr>
<th>DIPCOMM / DEGREE</th>
<th>INSTITUTION</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. PRESENT APPOINTMENT: ...........................

20. PAST APPOINTMENTS SINCE DATE OF BASIC DEGREE (please state nature of position, duration of appointment and name of institution / place of practice):

<table>
<thead>
<tr>
<th>APPOINTMENT</th>
<th>DATE</th>
<th>INSTITUTION / PLACE OF PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART I
EXISTING COR MEMBERS DO NOT NEED TO COMPLETE THIS SECTION

1. PUBLICATIONS IN PEER-REVIEWED JOURNALS (please provide photocopies of complete published articles):
   ...........................................................................................................................................................................
   ...........................................................................................................................................................................
   ...........................................................................................................................................................................

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:
      ...........................................................................................................................................................................
      ...........................................................................................................................................................................

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):
   ...........................................................................................................................................................................
   ...........................................................................................................................................................................
   ...........................................................................................................................................................................

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:
      ...........................................................................................................................................................................
      ...........................................................................................................................................................................

PART III
SPECIAL FIRST YEAR PROMOTION - valid only from 7 Dec 2022 until 31 Dec 2023

• Existing CoR Ordinary & Candidate members who are in Good Standing do not need to pay the Entrance Fee but must complete the membership application form accordingly.
• Existing CoR Life members do not need to pay the Entrance Fee but must complete the membership application form accordingly.

ENTRANCE FEE FOR LIFE MEMBERSHIP
• NEW MEMBER / NON-COR MEMBER : RM450.00
• COR ORDINARY MEMBERS NOT IN GOOD STANDING : RM450.00

ENTRANCE FEE FOR *CANDIDATE MEMBERSHIP
• NEW MEMBER / NON-COR MEMBER : RM100.00
• COR CANDIDATE MEMBERS NOT IN GOOD STANDING : RM100.00

*Upon completion of Radiology Program & with NSR, able to convert to Life membership with a top up of only RM350. There is No Annual Membership Renewal Fee.

PAYMENT MODE:
CHEQUE NO: ................. CHEQUE DATE: ................. BANK: ................. AMOUNT: .................
ONLINE TRANSFER REF NO: .................... DATE: ................ BANK: ................ AMOUNT: .................

BANK ACCOUNT NAME : MALAYSIAN SOCIETY OF RADIOLOGISTS
BANK ACCOUNT NO. : 56416460813
BANK NAME : MAYBANK BERHAD

APPLICANT’S SIGNATURE: ................................................................. DATE: ...........................................
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 : ..........................................................