



# ACADEMY OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE MALAYSIA

## MEMBERSHIP APPLICATION FORM

Room 11, 5th Floor, MMA House, 124 Jalan Pahang, 53000 Kuala Lumpur

Tel / Fax No. 03-40508211

E-mail: malaysia.aoem@gmail.com website: www.aoemm.org.my

Membership No:

/   /   - 2 0 1 6

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Application For

Ordinary Member

Life Member

Associate Member

(Please tick)

Name

Title (e.g. Tan Sri, Dato', Prof, Dr)

NRIC New

Old

Date Of Birth

Gender :

Male

Female

DAY MTH YEAR

Nationality :

Malaysian

Others (Please state)

Professional Qualifications : (Basic Degree and One Postgraduate qualification)

(Please state the full date you obtained the Degree as our computer system does not accept 'incomplete' date)

QUALIFICATION	UNIVERSITY	COUNTRY	DATE OF QUALIFICATION			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Working Address

Post Code

City  State  Country

Home Address

Post Code

City  State  Country

Contact No HSE

-  OFF  -

H/P

-  FAX  -

E-MAIL

Please send my correspondence to my

Working Address

House Address

(Please inform change of address, telephone numbers and e-mail address whenever you have moved for both the working & house address)

Please tick v the appropriate box

Employment Status

- Armed Forces
- Government
- Private
- University

Categories

- Medical Officer
- House Officer
- Registrar Specialist
- Specialist
- Public Health Specialist
- General Practitioner
- Private Medical Officer Specialist
- Lecturer

Your Nature of Practice : (Please tick (√) your speciality below)

Description

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Accident & emergency          | <input type="checkbox"/> Forensic Medicine                  | <input type="checkbox"/> Neuro Surgery                    | <input type="checkbox"/> Psychiatry              |
| <input type="checkbox"/> Anaesthetics                  | <input type="checkbox"/> Government Medical Officer         | <input type="checkbox"/> Nuclear Medicine                 | <input type="checkbox"/> Public Health           |
| <input type="checkbox"/> Aviation Medicine             | <input type="checkbox"/> Gastroenterology                   | <input type="checkbox"/> Obstetric & Gynaecology          | <input type="checkbox"/> Radiology               |
| <input type="checkbox"/> Cardiology                    | <input type="checkbox"/> General Medicine/Internal Medicine | <input type="checkbox"/> Occupational Health              | <input type="checkbox"/> Radiotherapy            |
| <input type="checkbox"/> Cardiothoracic Surgery        | <input type="checkbox"/> General Practice                   | <input type="checkbox"/> Oncology                         | <input type="checkbox"/> Rehabilitation Medicine |
| <input type="checkbox"/> Chemical Pathology            | <input type="checkbox"/> General Surgery                    | <input type="checkbox"/> Ophthalmology Surgery            | <input type="checkbox"/> Renal Medicine          |
| <input type="checkbox"/> Chest Medicine                | <input type="checkbox"/> General Pathology                  | <input type="checkbox"/> Orthopaedic Surgery              | <input type="checkbox"/> Retired                 |
| <input type="checkbox"/> Colorectal & Gen Surgery      | <input type="checkbox"/> Haematology                        | <input type="checkbox"/> Otorhinolaryngology              | <input type="checkbox"/> Rheumatology            |
| <input type="checkbox"/> Child Psychiatry              | <input type="checkbox"/> Hepatology                         | <input type="checkbox"/> Private Hospital Medical Officer | <input type="checkbox"/> Sports Medicine         |
| <input type="checkbox"/> Cytopathology                 | <input type="checkbox"/> Histopathology                     | <input type="checkbox"/> Paediatrics                      | <input type="checkbox"/> Thoracic Medicine       |
| <input type="checkbox"/> Dermatology                   | <input type="checkbox"/> Immunology                         | <input type="checkbox"/> Paediatric Surgery               | <input type="checkbox"/> Society Psychiatry      |
| <input type="checkbox"/> Dentistry                     | <input type="checkbox"/> Industrial Health                  | <input type="checkbox"/> Paediatric Gastroenterology      | <input type="checkbox"/> Underwater Medicine     |
| <input type="checkbox"/> Endocrinology                 | <input type="checkbox"/> Medical Administration             | <input type="checkbox"/> Parasitology                     | <input type="checkbox"/> Urology Surgery         |
| <input type="checkbox"/> Ear, Nose & Throat Surgery    | <input type="checkbox"/> Microbiology                       | <input type="checkbox"/> Physician & Rheumatologist       | <input type="checkbox"/> Vascular Surgery        |
| <input type="checkbox"/> Facial Surg                   | <input type="checkbox"/> Nephrology                         | <input type="checkbox"/> Physiology (Neuro Science)       | <input type="checkbox"/> Others (Please State)   |
| <input type="checkbox"/> Family/Primary Care Physician | <input type="checkbox"/> Neurology                          | <input type="checkbox"/> Plastic Surgery                  |  |

In submitting an application for membership of the AOEMM, I agree to abide by the Constitution of the Academy & regulation as may be enacted from time to time.

Signature of Applicant

Signature of Proposer

Signature of Seconder

Name:

Name :

Name :

Date :

NRIC No :

NRIC No :

Date:

Date:

(PLEASE NOTE THAT THE PROPOSER AND SECONDER MUST BE MEMBERS OF AOEMM - THIS IS APPLICABLE TO NEW APPLICANTS ONLY)

NOTES :

PLEASE ENSURE THAT THE APPLICATION FORM IS FULLY COMPLETED AND ACCOMPANIED BY THE FOLLOWING DOCUMENTS TO AVOID DELAY IN PROCESSING YOUR APPLICATION - THIS IS APPLICABLE TO NEW APPLICANTS ONLY.

- 1 Certified true copy of basic medical degree
- 2 Certified true copy of postgraduate qualification (s)
- 3 Copy of one publication in a recognized medical journal (OPTIONAL)

(The membership follows the calendar year i.e. it commences on 1st January and ends on 31st December of each year. Therefore, it is advisable to join early in the year to enjoy the whole year benefits)

FEES

Registration Fees for Ordinary member:- - Being payment for the entrance fee (RM 200.00) - First year Annual Subscription fee (RM 100.00) <b>Total fees for Ordinary member RM 300.00</b>	Registration Fees for Life member :- - 50 year old and above RM 1,300.00 - 49 year old and below RM 2,300.00
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Note:

Kindly issue the cheque/bank draft for RM made in favour of "Academy of Occupational & Environmental Medicine, Malaysia" and mail it to: Academy of Occupational & environmental Medicine, Room 11, 5th Floor, MMA House , 124 Jalan Pahang, 53000 Kuala Lumpur

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Date Paid	Payment for	Cash/Cheque/MO/PO	RM	Receipt No	Issued by

Signature of Verified by Board of Censors

Signature of Approved

Censor - in-Chief

President

Name:

Name :

Date :

Date: