**PARENTERAL & ENTERAL NUTRITION SOCIETY OF MALAYSIA (PENSMA)**

19 Jalan Folly Barat, 50480 Kuala Lumpur, Malaysia
Tel: 603 253 0100 / 253 0200 Fax: 603 253 0900
Email: acadmed@ po.jaring.my Website: www.PENSMA.org

## MEMBERSHIP FORM

- Full Name _____ ◯ M ◯ F
- Name of Institution / Company_____
- Occupation _____
- Working Address _____

  _____

  _____ • Tel _____ Ext _____
- Fax _____ • Mobile _____ • Email _____

• Home Address _____

_____

_____ • Tel _____ • Fax _____

Mailing Address (Please tick) ◯ Home Address ◯ Working Address

Categories of Membership (Please tick)

◯ Ordinary RM 50.00 ◯ Associate RM 20.00 ◯ Corporate
◯ New RM1,000.00
◯ Renewal RM 300.00

◯ Life Member RM 300.00 ◯ Student RM 30.00

• Mode of Payment ◯ Cash ◯ Cheque No _____ Bank _____

• Applicant's Signature _____ • Date _____

• Proposer _____ • Seconder _____

Cheque payable to : "**PENSMA**"
Kindly return completed form with payment to :
Secretariat – 19 Jalan Folly Barat 50480 Kuala Lumpur, Malaysia

**FOR OFFICE USE ONLY**

• Membership No. _____
• Receipt No._____ • Signeture _____