

Membership Application Form

Insert Photo Here

Date of Application

1. Personal Information

Title, First / Last Name

Birthday (dd/mm/yyyy)

Nationality

NRIC / Passport No.

Gender

MMC No.

Home Address

| | | | |
|---------------------|--|-------------------|--|
| Postcode | | Phone No. | |
| Fax | | Mobile No. | |
| Email | | | |
| Institution | | | |
| Department | | | |
| Work Address | | | |

Mailing

☐

Home

☐

Institution / Work Address

| | |
|---|--|
| Present Position | |
| Present Activities *(please give detailed information, i.e. interventional radiology, interventional neuroradiology, interventional oncology, other activities) | |

2. References

Candidates are required to have two referees who are members of the MYSIR. The referees should be members in good standing.

Reference 1

| | | | |
|---------------------------------|--|-------------------|--|
| Title, First / Last Name | | | |
| Work Address | | | |
| Postcode | | Phone No. | |
| Fax | | Mobile No. | |
| Email | | | |

Reference 2

| | | | |
|--------------------------|--|------------|--|
| Title, First / Last Name | | | |
| Work Address | | | |
| Postcode | | Phone No. | |
| Fax | | Mobile No. | |
| Email | | | |

3. Accreditation for Appropriate Region

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Peripheral Intervention

☐

Neurointervention

| | |
|--------------------|--|
| Other Region | |
| Certifying Agency | |
| Certification Date | |

4. Membership in College of Radiology (COR)

☐

Yes

☐

No

5. Diagnostic Radiology Training

| | | | |
|----------------------|--|-----------|--|
| Training from year | | to | |
| Institution | | | |
| Address | | | |
| Director of Training | | | |
| Mobile No. | | Phone No. | |
| Email | | | |

6. Interventional Radiology / Neuro Interventional Radiology / Other Training

| | | | |
|----------------------|--|-----------|--|
| First year from | | to | |
| Institution | | | |
| Address | | | |
| Director of Training | | | |
| Mobile No. | | Phone No. | |
| Email | | | |

| | | | |
|----------------------|--|-----------|--|
| Second year from | | to | |
| Institution | | | |
| Address | | | |
| Director of Training | | | |
| Mobile No. | | Phone No. | |
| Email | | | |

| | | | |
|----------------------|--|-----------|--|
| Third year from | | to | |
| Institution | | | |
| Address | | | |
| Director of Training | | | |
| Mobile No. | | Phone No. | |
| Email | | | |

| | | | |
|---------------------------------|--|------------------|--|
| Additional Training From | | to | |
| Institution | | | |
| Address | | | |
| Director of Training | | | |
| Mobile No. | | Phone No. | |
| Email | | | |

7. Overseas Training in Interventional Radiology

| | | | |
|-----------------------------|--|------------------|--|
| Training from | | to | |
| Institution | | | |
| Address | | | |
| Director of Training | | | |
| Mobile No. | | Phone No. | |
| Email | | | |

8. Membership Fee

- ☐ Ordinary members
Entrance Fee – RM 300.00 and Annual Subscription Fee – RM 250.00
- ☐ Life members
Entrance Fee – RM 0.00 Single Payment – RM 5000.00
- ☐ Junior members
Entrance Fee – RM 150.00 and Annual Subscription Fee – RM 150.00
- ☐ Associate members
Entrance Fee – RM 70.00 and Annual Subscription Fee – RM 70.00

9. Payment

☐

Cash

☐

Cheque

*Payable to "Malaysian Society of Interventional Radiology"

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Bank Transfer

*CIMB Bank 800 154 2298. Kindly send us a copy of the bank slip for our records.

Signature

Date

.....
For Internal Use Only

| | |
|----------------|--|
| Approved Date | |
| Membership No. | |
| Remarks | |

Checked By

Approved By