

**MALAYSIAN ONCOLOGICAL SOCIETY
APPLICATION FORM FOR NEW MEMBERSHIP**

Date:	
Title(Prof/Dr/Nurse/etc)	
Name:	
Date of Birth:	
IC Number:	
Office Address:	
Home Address:	
Telephone (Office)	
Fax No. (Office)	
Mobile:	
Email:	
Position:	
Occupation:	
Special Interest(s)	
Type of Membership: (Please <u>underline</u>)	Institutional Life Member (RM500) Life Member (RM150.00) Associate Life Member (RM100.00) Ordinary Member (RM20.00 per annum)

I/we declare that if elected, I/we will support the Objects of the Society and will abide by the Rules and Regulations of the Society.

Signature	
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Cheque made payable to Malaysian Oncological Society

Upon completion, please mail to:
 Secretariat
 Malaysian Oncological Society
 Unit 13-01, Amcorp Service Suites
 Menara Melawangi
 Pusat Perdagangan Amcorp
 No. 18, Jalan Persiaran Barat
 46050 Petaling Jaya
 Tel: 03- 7960 0177 Fax: 03-7960 0177
 Email: mos76@streamyx.com
www.malaysiaoncology.org