

Yes

No

MALAYSIAN SMALL ANIMAL VETERINARY ASSOCIATION

(PERSATUAN DOKTOR VETERINAR HAIWAN KESAYANGAN MALAYSIA)

MEMBERSHIP APPLICATION FORM Please return form to: Photo **Honorary Secretary** MSAVA Membership No. I wish to apply for membership: **Ordinary** Associate Student Title: A. Data I. Name 2. Address (Clinic) Telephone: 3. Address (Employer / University) Telephone: 4. Address (Residence) Telephone: 5. Mailing Address Residence Employer Clinic Fax No.:____ E-mail : _____ Handphone No. : _____ 6. Qualifications (Degree / Diploma, University & Year) 7. Are you registered with the Malaysian Veterinary Council?

If Yes MVC Membership No. _____

3. Are	you a member of Veterinary As: Yes	sociation Malaysia ? No		ship No	
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to an in the second of the sec				Year Issued	
	. ,				
0. Pers	onal Data				
Date	e of Birth	Sex	Male Female NR	IC	
Posi	tion held		Government/University/Office	Private Retired	
certify	the above information is true a	and valid			
	Signature of Applicant		Date		
	Signature of Applicant		Date		
. Pro	posed by (Ordinary Me	mber)	Seconded by (Stat	e Representative)	
Name :			Name :	Name :	
ddres	s:		Address :		
1SAVA Membership No :			MSAVA Membership No	MSAVA Membership No :	
	Signature	Date	Signature	Date	
С.	Fees	Entrance	Annual	Total	
	Ordinary Member	RM 50	RM 200	RM 250	
	Associate Member	RM 50	RM 200	RM 250	
	Student Member	RM -	RM 25	RM 25	
Enclos	ed Money Order / Cheque No.		/ Cash for th	he amount of RM	
TAS I SAG					
		FOR COM	MITTEE USE ONLY		
	Ci			Signature of Hon Secretary	
	Signature of President		Date of Approval	Signature of Hon. Secretary	