



MEMBERSHIP APPLICATION FORM

Photo

MSAVA Membership No.

Title : _____

[illegible][illegible][illegible]

Telephone :

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[illegible][illegible][illegible]

Clinic

E-mail : _____ Handphone No. : _____ Fax No. : _____

If Yes MVC Membership No. _____

8. Are you a member of Veterinary Association Malaysia ?

☐ Yes

☐ No

If Yes VAM Membership No. _____

9. i. Numbers of years in Small Animal Practice _____

ii. Current Annual Practicing Certificate No. _____ Year Issued _____

10. Personal Data

Date of Birth _____ Sex ☐ Male ☐ Female NRIC _____

Position held _____ ☐ Government/University/Office ☐ Private ☐ Retired

I certify the above information is true and valid

.....
Signature of Applicant

.....
Date

B. Proposed by (Ordinary Member)

Name : _____

Address : _____

MSAVA Membership No : _____

Seconded by (State Representative)

Name : _____

Address : _____

MSAVA Membership No : _____

.....
Signature

.....
Date

.....
Signature

.....
Date

C.	Fees	Entrance	Annual	Total
	Ordinary Member	RM 50	RM 200	RM 250
	Associate Member	RM 50	RM 200	RM 250
	Student Member	RM -	RM 50	RM 50

Enclosed Money Order / Cheque No. _____ / Cash for the amount of RM _____

~ FOR COMMITTEE USE ONLY ~

.....
Signature of President

.....
Date of Approval

.....
Signature of Hon. Secretary