



**SOCIETY FOR ANTI-AGING, AESTHETIC AND
REGENERATIVE MEDICINE MALAYSIA**
**Persatuan Perubatan Anti-Penuaan, Aestetik Dan
Rejeneratif Malaysia**

MEMBERSHIP APPLICATION FORM

Application Category Ordinary Membership Life Membership
 Associate Membership Corresponding Membership
 Corporate Membership

Title(Tun/Tan Sri/Dato'/Datuk/Dr/Mr/Ms) _____

Full Name _____

NRIC/Passport No _____

Date Of Birth _____

Qualification/Awarding Institution/Year _____

Other Related Certification _____

Speciality _____

Annual Practice Cert. No. (If applicable) _____

Home Address _____

Office Address _____

Contact Mobile _____

Office _____

Fax _____

Email _____

PAYMENT

Entrance Fee

Annual Fee

- Life Member**
- Ordinary**
- Associate**
- Corporate**
- Corresponding**

	RM 500
	RM 100
	RM 100
	RM 1000
	RM 100

—
+ RM 50
+ RM 50
+ RM 500
+ RM 50

Voluntary contribution: RM: _____

Mode of Payment: CASH / CHEQUE / BANK DRAFT / TELEGRAPHIC TRANSFER / CREDIT CARD

Enclosed here cheque No _____ for the amount of RM _____ in favour of 'Society for Anti-Aging Medicine'

Credited Alliance Bank Malaysia Bhd. A/C no. 140280010046084 for the sum of RM _____ CASH/CHEQUE .

(Please fax proof of payment)

Sent Payment via Telegraphic Transfer for USD/RM _____ to 'Society for Anti-Aging Medicine',
Account No. 1402800100 46084, Swift Code MFBBMYKL, Alliance Bank Malaysia Berhad.41&43,Jalan Ipoh,51200,
Kuala Lumpur,Malaysia

Authorise 'Society for Anti-Aging Medicine' to debit the following credit card for the amount of US/RM _____
as payment for registration.

Visa

Mastercard

Security Code (3 digits _____)

Name of Card-Holder : _____

Credit Card No. : _____

Card-Holder's Signature : _____ Exp. Date _____

Proposed by : _____ Date: _____

Seconded by : _____ Date: _____

I Certify that the above information is correct

Signature : _____ Date: _____

* For Medical Doctor please enclosed a copy of latest APC along with this application form

* For Non medical doctor applicant,please enclosed brief CV of yourself

* For Corporate applicant ,please enclosed a brief background of company

SAAARMM Secretariat:

Society for Anti-Aging, Aesthetic and
Regenerative Medicine Malaysia (SAAARMM)
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51200 Kuala Lumpur, Malaysia
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E-mail: info@saamm.com
Website: www.saaarmm.org

For Secretariat Use	
Date Received	: _____
Date of Approval	: _____
Total Amount	: _____
Receipt No	: _____