

PERSATUAN NEUROSAINS MALAYSIA  
(MALAYSIAN SOCIETY OF NEUROSCIENCES)

**MEMBERSHIP APPLICATION**

1. Name in full: .....  
(In block letters)
2. Home Address: .....  
.....  
Tel No: ..... Fax No: .....
3. Office Address: .....  
.....  
Tel No: ..... E mail:..... Fax No: .....
4. Date of Birth : ..... Sex: M/F .....
5. I/C No : ..... ..Citizenship: .....
6. Qualifications : Institution ..... Date .....  
.....  
.....
7. Speciality : Neurosurgery  Neurology   
Other (please specify) : .....
8. Present Appointment : .....
9. Past Appointments : .....
10. Publications and research project : .....
11. Proposer :..... Seconder : .....
- Address : ..... Address : .....
- Membership Applied for: LIFE MEMBER  ORDINARY MEMBER  ASSOC. MEMBER
- Date: ..... Signature: .....
- Subscription: Life Member RM100 Ordinary Member: RM20/year Associate Member: RM10/year

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**OFFICE USE ONLY**

Approved on (date) .....

Remarks: .....

.....  
SECRETARY

.....  
PRESIDENT