



# National Heart Association of Malaysia

***APPLICATION FOR MEMBERSHIP***

## Aim & Objectives

The objectives for establishing the Association:

- (1) To advance the knowledge and practice of cardiology in Malaysia
- (2) To promote research in cardiology
- (3) To promote regional and international co-operation in cardiology
- (4) To receive and publish literature and scientific works in cardiology
- (5) To organize clinical meetings, seminars, conventions, including all acts and things incidental or subsidiary pertaining to the objectives of the Association
- (6) To borrow and raise money and to invest any monies of the Association not immediately required for any of its objectives, in a manner seen fit by the Association from time to time
- (7) To serve as the media / public representative in relation to educating and directing public opinion on issues relating to cardiology and its affects on community at large
- (8) To work closely with other societies fostering similar objectives as the Association

## Benefits

- (1) The privilege of membership is the entitlement to participate in all the activities arranged or organized by the Council or Association.
- (2) Free Society's Newsletter and publications.

## Membership

The membership of the Association shall consist of the following categories:

- a) **Ordinary Member**  
Ordinary membership shall be open to every medical practitioner who is fully registered in the Register kept by the Registrar of Medical Practitioners and those terms shall have the meaning assigned to them by the Medical Registration Ordinance currently in force and who are practicing cardiology or are interested in cardiology.
- b) **Life Member**  
Life membership of the Association shall be open to medical practitioners after having been an Ordinary Member of the Association for 2 years.
- c) **Affiliate Member**  
Affiliate Membership shall be open to medical practitioners who are **Non-Malaysian** citizen that are practising cardiology locally or are interested in cardiology. Affiliate members are not eligible to vote and hold office in the Association.
- d) **Associate Member**  
Associate Membership shall be open to para-medical personnel and scientific workers other than medical practitioners in fields related to cardiology.
- e) **Fellow of NHAM (FNHAM)**  
Fellowship shall be conferred upon an Ordinary member who have applied to the credentialing committee and met the criteria set by the committee.

**TERMINATION OF MEMBERSHIP:** Termination of membership shall take place by allowing the annual subscription to fall in arrears for two years.

## Subscription fees

(a)	Ordinary Member / Affiliate Member	<b>RM 100.00 per year</b>
(b)	Associate Member	<b>RM 30.00 per year</b>
(c)	Life Member *after having been an Ordinary Member for <b>two years</b>	<b>RM 1,500.00</b> <b>(must settle your arrears)</b>
(d)	Fellow of NHAM (FNHAM)	<b>RM 600.00</b>
(e)	All members age 65 and above	<b>WAIVED</b>

**\*\*Pre-payment of two years in advance is required for every new member.**

## Payment

Payment can be made via cheque issued to "NATIONAL HEART ASSOCIATION OF MALAYSIA" or via online banking (JomPAY):



**Billor Code:** 80689  
**Ref-1:** Membership Fee  
**Ref-2:** <Member's Name>

JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account

**TYPE OF MEMBERSHIP REQUESTED:** *(please tick one)*

- ORDINARY**     **AFFILIATE**     **ASSOCIATE**     **LIFE**     **FELLOWSHIP**

1. **Salutation** *(please tick)*:     **Dr**     **Dato'**     **Datuk**     **Prof.**     **A/Prof.**  
 **Mr**     **Ms**     **Others** *(please specify):* \_\_\_\_\_

2. **Name** *(surname in capital letters)* \_\_\_\_\_

3. **Identification Card No.** *(MyKad/ Passport / Other ID.)* \_\_\_\_\_

4. **Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Nationality** \_\_\_\_\_

5. **Present Appointment** \_\_\_\_\_

6. **Specialist Area** *(please tick)*:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cardiologist                                   | <input type="checkbox"/> Paediatric Cardiologist                                    | <input type="checkbox"/> Cardiothoracic Surgeon                 |
| <input type="checkbox"/> Physician / Internist                          | <input type="checkbox"/> Radiologist  | <input type="checkbox"/> Technologist                           |
| <input type="checkbox"/> General Practitioner (GP)                      | <input type="checkbox"/> Medical Officer  | <input type="checkbox"/> Nurse                                  |
| <input type="checkbox"/> Clinical Specialist in<br>Cardiology (Trainee) | <input type="checkbox"/> Clinical Specialist in<br>Cardiothoracic Surgery (Trainee) | <input type="checkbox"/> <b>Others</b> <i>(please specify):</i> |

7. **Place of practice** \_\_\_\_\_

8. **MMC Registration No.** *(compulsory for doctors)* \_\_\_\_\_

**CORRESPONDENCE**

9. **House Address** \_\_\_\_\_  
\_\_\_\_\_ **Postcode** \_\_\_\_\_ **State** \_\_\_\_\_

**Office Address** *(please include Department)* \_\_\_\_\_  
\_\_\_\_\_ **Postcode** \_\_\_\_\_ **State** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Tel No: (Office)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

10. **Preferred Mailing Address** *(please tick one)*     **Office**     **House**

11. **Publications, Lectures and Research Projects** *(please ignore if already stated in CV)*  
\_\_\_\_\_  
\_\_\_\_\_

*(should the space provided is inadequate, the applicant can submit a supplementary bibliography sheet)*

12. \*Proposed by \_\_\_\_\_ Signature: \_\_\_\_\_

*Proposer must be a NHAM Life, Ordinary, Affiliate or Associate member*

\*Seconded by \_\_\_\_\_ Signature: \_\_\_\_\_

*Secunder must be a NHAM Life, Ordinary, Affiliate or Associate member*

\*In addition, the applicant must forward a copy of his/her CV and two (2) written references from individuals to both of whom the nominee shall be personally known.

13. IF ELECTED, I AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE SOCIETY.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### FOR ADMINISTRATION ONLY

Verified & approved by the Council on .....

Cheque No. ....  
Amount RM .....  
Receipt No. ....

Council

Cash RM .....  
Receipt No. ....

President

### Secretariat

Kindly forward the completed form, copy of CV and subscription fees to the following address:

**National Heart Association of Malaysia**

D-13A-06, Menara SUEZCAP 1, KL Gateway, No.2 Jalan Kerinchi, 59200 Kuala Lumpur, MALAYSIA

Email: [secretariat@malaysianheart.org](mailto:secretariat@malaysianheart.org)

Website: [www.malaysianheart.org](http://www.malaysianheart.org)

Tel: 603-7931 7900

Fax: 603-7932 1400