

SOCIETY OF CARDIAC IMAGING OF MALAYSIA

1301, Level 13, Uptown 2, No 2, Jalan SS21/37, Damansara Uptown 47400 Petaling Jaya, Selangor Darul Ehsan, Malaysia Tel: 603-7726 3866 Fax: 603-7725 1049



Email: secretariat@malaysianheart.org Website: www.malaysianheart.org

MEMBERSHIP APPLICATION FORM

Note: Before you apply, please make sure you are a member of the National Heart Association of Malaysia

NHAM Membership N	lo					
Prof	Dr		Datuk /	Dato	Others (Please specify)	
Name (Capital Letters))					
					Nationality	
Occupation / Last Pos	ition Held (if reti	red)				
MD	D Cardiac Tech		SRNs		Others (Please specify)	
Area of Interest						
Echo	Nuclear	СТ		MR	Others (Please specify)	
House Address						
					Postcode	
					Postcode	
Tel No: (House)			(Office)		(Mobile)	
Prefer Mailing Address		Office		F***	House	
0				L		
Data			Signature			
Date			Signature			
FOR ADMINISTRATION	ON ONLY					
Membership Fees			Payable to National Heart Association of Malaysia Payment by			
☐ One time – RM2	0.00		(Please include bank commission)			
□ Receipt No.				Cash		
				Postal O	ruer	
Signature of Chairperson			Signature of Treasurer			