WOMEN HEART HEALTH ORGANIZATION (WH²O)



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210, Jalan Tun Razak,
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T: 03-4023 1500 F: 03-4023 9400

Website: www.malaysianheart.org



MEMBERSHIP APPLICATION FORM

Note: Potoro				a mambar af t		* A intion Malauria	
NHAM Membe		Yes	re you are	No	ne National Hear	t Association Malaysia	
Prof	Prof Dr Datuk/Dato				Others (Pleas	re specify)	
* Please tick the	relevant				,	1 00,	
	Last Position F						
MD	Cardiac T	ech ech	SRNs		Others (Please	specify)	
* Please tick the *Speciality	relevant		•				
Cardiology	Physician	ysician General Practition		Radiology	Nutrition	Others (Please specify)	
* Please tick the	nolouant						
Date					Signature		
FOR ADMI	NISTRATION Fees	N ONLY	Paval	ale to Nations	al Heart Associ	ation of Malaysia	
One time – RM20.00 Receipt No.				Payme	Payment by Cheque (Please include bank commission) Cash Postal order		
Date					Signature		