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 | RM 100.00 per year |
| (b) Associate Member | RM 30.00 per year |
| (c) Life Member | RM 1,590.00 (inclusive 6% GST) |
| (d) Fellow of NHAM (FNHAM) | RM 636.00 (inclusive 6% GST) |
| (e) All members age 65 and above | WAIVED |

*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):

Biller 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
MEMBERSHIP NO. ………………………………..

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):
   ☐ Cardiologist  ☐ Paediatric Cardiologist  ☐ Cardiothoracic Surgeon
   ☐ Physician / Internist  ☐ Radiologist  ☐ Technologist
   ☐ General Practitioner (GP)  ☐ Medical Officer  ☐ Nurse
   ☐ Clinical Specialist in Cardiology (Trainee)  ☐ Clinical Specialist in Cardiothoracic Surgery (Trainee)
   ☐ Others (please specify):

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: __________________________

Seconder 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 and subscription fees to the following address:

National Heart Association of Malaysia
First Floor, Medical Academies of Malaysia, 210 Jalan Tun Razak, 50400 Kuala Lumpur, MALAYSIA
Email: secretariat@malaysianheart.org Website: www.malaysianheart.org
Tel: 603-4023 1500 Fax: 603-4023 9400