

MEMBERSHIP APPLICATION FORM

MALAYSIAN SOCIETY OF ORAL MICROBIOLOGISTS AND ORAL IMMUNOLOGISTS

Registration No. : PPM-015-14-17072018

Membership for the Malaysian Society Oral Microbiologists and Oral Immunologists (MySOMOI) is open to those who are involved in teaching, research, clinical practice, and product development in the field of oral health.

Code	Membership Categories	Fee
1	Life Member	RM 500
2	Annual Member (per annum)	RM 50
3	Associate Member (per annum)	RM 20
4	Associate Life Member	RM 300
5	Company or Institutional Member (per annum)	RM 200

I, _____ applying to become a _____

Member of the *Malaysian Society of Oral Microbiologists and Oral Immunologists (MySOMOI)*.

Salutation : Prof. Assoc. Prof. Dato Dr. Mr. Ms. Others _____

I.C. / Passport No. : _____

Affiliation : _____

Last Acad. Degree (Field, Year) : _____

Contact No.: _____ **Email:** _____

Researcher ID: _____ **Scopus ID:** _____ **ORCID:** _____

[Provide at least one of the above ID]

Amount Paid: RM _____ **Payment Reference:** _____

[Provide evidence of payment reference such as Cheque No./ Draft No. / Online payment reference No.]

Payable to **Account Name: MySOMOI, Account Bank: CIMB Bank Bhd., Account No.: 8009487646**

I declare that the above information given for the use of the Society is correct. I agree to abide by the Society's Constitution and Rules.

Signature: _____ Date: _____

Please email the application form to: mysomoi2018@gmail.com

MySOMOI
 Faculty of Dentistry, University of Malaya
 Jalan Universiti
 50603 Kuala Lumpur, Malaysia

For Society Vice President (Membership)
Remarks:
Membership No: _____
 [Ex: Member Code- Year -Member No | 3-2018-05]

Vice President's Endorsement: _____ **Date:** _____
President's Endorsement: _____ **Date:** _____