



**Malaysian
Society for
Microbiology**

**MALAYSIAN SOCIETY FOR MICROBIOLOGY
C/O DEPARTMENT OF MICROBIOLOGY
FACULTY OF BIOTECHNOLOGY &
BIOMOLECULAR SCIENCES,
UNIVERSITI PUTRA MALAYSIA,
43400 UPM SERDANG, SELANGOR, MALAYSIA
TEL: 603-89467518, 603-89471782
FAX: 603-89467510, 603-89471896**

APPLICATION FORM: MSM MEMBERSHIP 2016/2017 (1ST OCT 16 – 30TH SEPT 17)

**FULL NAME
(Block Letters)**

Mr./Ms./Mrs./(Other Titles)

Position

Citizenship

***Malaysian/
Non-Malaysian**

***Identity Card/
Passport Number**

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Address

E-mail

Tel.:

**Academic Qualification
and Years**

**Field of
Specialisation**

Type of Application

*** i) New (Entrance Fee: RM20, Inapplicable for Student Member)**

ii) Renew (Previous Membership No.: _____)

*I wish to become an ***Ordinary Member** (Malaysian Only, RM50.00)/**Associate Member** (Non-Malaysian, RM50.00)/**Student Member** (RM20.00)/**Affiliated Member** (RM300.00)/**Life Member** (Requirement: 3 Consecutive Years of Ordinary Member & Subjected to MSM Approval) of the Malaysian Society for Microbiology. I have understood the rules of the Society as in the Constitution and agree to abide by them. I enclose a cheque/cash/bank transfer receipt of RM _____ being the *entrance fee/annual subscription for membership of ***Ordinary/Associate/Student/Affiliated Member**.*

Applicant's Signature

Date

Please send the application form and receipt of payment to:

Assoc. Prof. Dr. Rosfarizan Mohamad
Department of Bioprocess Technology
Faculty of Biotechnology &
Biomolecular Sciences
Universiti Putra Malaysia,
43400 UPM Serdang, Selangor, Malaysia,
Tel: 03-89471050; Fax: 03-89467590
E-mail: microbsociety@gmail.com
**Delete those not applicable*

FOR OFFICE USE ONLY

Date of *Approval/Rejection by the Committee: _____

Membership Number: _____

Type of Membership: *Life/Ordinary/Associate/Student/Affiliated

Signature: _____

Position: _____