



# MALAYSIAN SOCIETY OF CARDIOVASCULAR TECHNOLOGIST



## Application for Membership

Full Name

*(In block letters)*

New I/C Number

Home address

Postcode  City

Tel / HP No  Tel Home

Office Address

Postcode  City

Tel  Fax No

Email Address

### \*QUALIFICATION *(Please tick one or more)*

Medical Assistant  Nurse  Others  *(please specify)* \_\_\_\_\_

Year Qualify (mm/yyyy) :  Registration NO :

\*Other Qualification (eg : RDCS,RCIS) : \_\_\_\_\_

\*Duration in Cardiovascular Field :  yrs Present appointment : \_\_\_\_\_ year  
*(if any)*

Registration fee : RM 60.00 Account No RHB Bank Bhd : 21234900037610 pay to : NHAM-MSCVT

Please submit together MSCVT form, NHAM and your CV upon registration.

*\*I herewith declare that all the information above are true.If i were to go against the rules and regulation of the society,or any false information given I realized that my membership will be nullified.*

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

### \*OFFICE USE ONLY

Approved  Not Approved Date Accepted :

Chairman of Society

Secretary of Society