MEMBERSHIP FORM

☐ New Member ☐ Renewal Membership Code _____

TYPES OF MEMBERSHIP

☐ Ordinary ☐ Associate ☐ For Year 20__

Note: Membership application is subject to the final approval of the Committee members of PMED

1 INSTITUTION INFORMATION

Name of Hospital/Organization: _____

Address:

_____

_____ Postcode: _____

Website: _____ Phone: _____ Fax: _____

Institution representative: _____ Designation: _____

Mobile No.: _____ Email Address: _____

Alternate representative: _____ Designation: _____

Mobile No.: _____ Email Address: _____

Enclosed herewith RM _____ for the **ANNUAL** fee subscription.
ORDINARY RM2,000.00 / **ASSOCIATE** RM1,000.00
Cheques should be made payable to **Penang Global Tourism Sdn Bhd** and banked into **CIMB Bank Bhd** Account no. **8003879954**

_____ _____ _____
Signature of Applicant Hospital/Organization Stamp Date

*To attach a photocopy of the MSQH or ISO9001certification (for ordinary members)
Associate membership – for those in the medical and related industries but without hospital beds

FOR OFFICE USE ONLY

Received by: _____ Approved by: _____

Date: _____ Date: _____

Remarks: _____

_____