



Membership Application Form for  
Malaysian Gynaecological Cancer Society

MGCS REGISTRATION NUMBER:

**MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Name:

Date of birth:

NEW IC NO:

Phone:

Current address:

City:

State:

ZIP Code:

Country :

E-mail:

Fax:

**EMPLOYMENT INFORMATION**

Current employer:

Employer address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Duration of employment:

**PROPOSER INFORMATION \***

Name of Proposer 1:

Name of Proposer 2 :

MGCS Registration No:

MGCS Registration No:

Signature :

Signature :

Date:

Date:

**TYPE OF MEMBERSHIP \*\***

ORDINARY MEMBER

ASSOCIATE MEMBER

**PAYMENT METHOD \*\*\***

Cash payment RM \_\_\_\_\_

Bank Deposit ( **Maybank, Acc No : 552022023016**, Payable to  
**Pertubuhan Kanser Ginekologikal Malaysia** )

**SIGNATURES**

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Official Stamp

Date:

\* Proposer must be a registered member of MGCS

\*\* Ordinary member must be O&G Specialist who have shown their work in Gynae Oncology (including Gynaecologist with special interest in GO)  
Associate member is other than above including other O&G Specialists, medical /radiation oncologist, Pharmacists and Paramedics. Associated member do not have a power of vote but will get all other benefits from MGCS activities.

\*\*\* Annual fee for ordinary member is RM50 and RM30 for associate member

**Malaysian Gynaecological Cancer Society**

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