



**MALAYSIAN ASSOCIATION OF VETERINARY PATHOLOGY
PERSATUAN PATOLOGI VETERINAR MALAYSIA**

c/o Department of Veterinary Pathology & Microbiology, Faculty of Veterinary
Medicine, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia

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☎ 603-9769 1972

✉ mavp.my@gmail.com

MEMBERSHIP APPLICATION FORM

Please return completed form to **Honorary Secretary**.

MAVP Membership No:

I wish to apply for membership:

Ordinary

Associate

Corporate

I. Personal Information

Name: _____

Title: Tan Sri / Dato' / Prof / Dr / Mr / Mrs / Ms

NRIC: _____

APC number: _____

Current Working Address: _____

Mailing Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Mobile: _____

I certify the above information is true & valid

Signature of applicant

Date

II. Endorsement

Proposed by (Ordinary Member)

Name: _____

Address: _____

Seconded by (Ordinary Member)

Name: _____

Address: _____

MAVP Membership No: _____

MAVP Membership No: _____

Signature

Date

Signature

Date

III. Fees

	Entrance	Annual
Ordinary member (veterinarians)	RM 35	RM 35
Associate member (non-veterinarians)	RM 55	RM 55
Corporate member	RM 115	RM 115
Life member (offer to ordinary members only)	Entrance fee * + RM 500	

*Subjected to Ordinary or Associate entrance fee as stated above

Enclosed amount of RM _____ as payment (please provide proof of payment) made via:

Cash

Cheque (No. : _____) *Money Order / Cheque must be made payable to Malaysian Association of Veterinary Pathology

Online fund transfer/direct debit to MALAYSIAN ASSOCIATION OF VETERINARY PATHOLOGY (CIMB BANK BERHAD) Account no: **8600431151**

(Date of transaction: _____ and Reference no: _____)

~ FOR COMMITTEE USE ONLY ~

Signature of President

Date of approval

Signature of Hon. Secretary

Name:
Official Stamp:

Name:
Official Stamp: