



Malaysian Society for Pharmacoeconomics and Outcome Research
International Centre for Casemix and Clinical Coding, Faculty of Medicines
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MEMBERSHIP APPLICATION FORM

(Please fill in block letters)

Type of Membership (mark)

[Membership Fees]

Life

☐

[RM500]

Ordinary

☐

[RM100/year]

Student

☐

[RM50/year]

Name :

IC/Passport :

Degree :

[highest]

Institution :

Address :

.....

Postcode:

Phone :

.....

Fax:

Email :

.....

Signature :

Date:

Proposed by :

.....

(Name)

.....

(Signature)

.....

(Date)

Seconded by :

.....

(Name)

.....

(Signature)

.....

(Date)

Payment Details:

Fee Amount Paid : RM

Mode of Payment : Bank Transfer/ Cheque/ Cash

Bank Account Details : CIMB 8600030229

(Malaysian Society for Pharmacoeconomics and Outcome Research)

Please email form and proof of payment to mysporsecretariat@gmail.com

For Official Use

Checked and confirmed by	:	
Approval Date	:	
Fee Payment Status	:	Pending for approval before payment