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**SOCIETY OF MEDICAL AND BIOLOGICAL ENGINEERING MALAYSIA (2078-05-5)**

MEMBERSHIP APPLICATION		
MEMBERSHIP NUMBER: _____		
APPLICANT INFORMATION		
Title (Mr, Miss, Mrs, Ms, Dr, Professor, etc.):		
Name:		Gender (M/F):
Date of birth:	Phone:	Email:
Current address:		
City:	State:	ZIP Code:
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		Total years working experience:
City:	State:	ZIP Code:
Position/Responsibility:		
EDUCATION INFORMATION		
Highest qualification:		
Biomedical field of interest:		
Highest learning institution name:		
MEMBERSHIP CATEGORY		
Category	Joining Fee (once)	Renewal Fee (Yearly)
<input type="checkbox"/> Student	RM20	RM50
<input type="checkbox"/> Professional	RM20	RM50

SIGNATURES	
I authorize the verification of the information provided on this form application.	
Signature of applicant:	Date:
Name and Signature of recommender #1:	
Name and Signature of recommender #2:	

**BENEFITS OF MEMBERSHIP INFORMATION**

- Reduced fees for workshop/conference organized/supported by the society
- Be part of a distinguished society at the forefront of biomedical innovation
- Network with technical experts at Societies, Section activities and local chapters
- Access to subject matters restricted to society members
- Professional development—Interface/work with other engineering leaders; promote personal career path; and build technical skills
- Contribute to teaching, papers, presentations and standards development

**MEMBERSHIP ELIGIBILITY**

1. Membership is open to all Malaysian citizen who is 18 years and above and has at least a basic undergraduate degree in related field, and/or working and research experience in the field of biomedical or biotechnology engineering.
2. Each application has to be recommended and supported by 2 members of the association
3. Each approved application has to be followed by payment of the registration fee and 1<sup>st</sup> year membership fee as set by the association and he/she is then entitled as a member
4. An undergraduate student of a University or Colleague-University is not accepted to be members of the organization unless with a written permission by the Vice Chancellor of his/her university.
5. All application must be accompanied by a valid email address for use by the organization.

**SUBMISSION OF APPLICATION FORM**

Please submit a scanned copy of your application form to the following email address [contactmsmbe@gmail.com](mailto:contactmsmbe@gmail.com)

You can also mail your application form to:

Noraisyah Mohamed Shah  
Department of Electrical Engineering  
Faculty of Engineering  
University Malaya  
50603

Once your application has been approved, we will contact you with an invoice for the membership fee.

**FOR OFFICE USE**

This application is	<input type="checkbox"/> Supported
	<input type="checkbox"/> Not supported
Exco Signature #1:	Date:
Exco Name #1:	
Exco Signature #2 (optional):	Date:
Exco Name #2:	