



APPLICATION FORM:

FULL NAME:		
ORGANIZATION:		
ADDRESS:		
PROFESSION:		
I/C NO: Or PASSPORT NO:		EMAIL ADDRESS:
PHONE/ HP NO :		
TYPE OF MEMBERSHIP: PLEASE TICK <input checked="" type="checkbox"/> <i>When applying for membership for the first time, a one-time application processing fee of RM20.00 is required for the Ordinary and Associate members, RM10.00 for Student Member plus the Annual Fees</i>		
<input type="checkbox"/>	ORDINARY MEMBER (RM 50) <i>(A researcher who is actively involved or is keen in the field of research, teaching and application of toxicology and whomsoever professionally recognized and suitably qualified for this Society)</i>	
<input type="checkbox"/>	ASSOCIATE MEMBER (RM200) <i>(Anyone who is interested in becoming an associate member, not a member of another society, no voting rights, and no say in any debate at general meeting)</i>	
<input type="checkbox"/>	STUDENT MEMBER (RM 15) <i>(For undergraduate or graduate students enrolled full-time or part-time in an educational institution)</i>	
OTHER PROFESSIONAL SOCIETIES, ORGANIZATIONS, CERTIFICATIONS, or REGISTRATIONS HELD:		
Name of Societies and/or Organization	Year Joined	Issued By
UNIVERSITY/ COLLEGE ATTENDED:		
Name and Location	Degree	Grad Year

BRIEFLY DESCRIBE YOUR CURRENT JOB TITLE / POSITION and RELATED EXPERIENCES:
If applying for student category, please attach description and verification of current academic status.

Expertise keywords (maximum 5):

- 1)
- 2)
- 3)
- 4)
- 5)

I hereby apply to become a member of Malaysian Society of Toxicology (MySOT) and agreed to abide by its Constitution.

SIGNATURE: _____ **DATE:** _____

I hereby submit this application and supporting documentation, which is correct to the best of my knowledge and belief, for evaluation by the Malaysian Toxicology Society. I understand I may not initially be accepted into the specific categories requested, but will have the opportunity to resubmit whenever desired. Upon acceptance, I agree to support the activities and objective of the Society to the best of my ability.

By retyping in your name you agree with the above statement:

Date:

FOR STUDENT MEMBERS ONLY:

MYSOT PRESIDENT:

APPROVED/NOT APPROVED

APPROVED/NOT APPROVED

MEMBERSHIP NUMBER: