



## APPLICATION FORM

<b>FULL NAME:</b>	<b>PHOTO</b>	
<b>ORGANIZATION:</b>		
<b>ADDRESS:</b>		
<b>PROFESSION:</b>		
<b>I/C NO: Or PASSPORT NO:</b>	<b>EMAIL ADDRESS:</b>	
<b>PHONE/ HP NO:</b>		
<b>TYPE OF MEMBERSHIP: PLEASE TICK <input checked="" type="checkbox"/></b> <i>When applying for membership for the first time, a one-time application processing fee of <b>RM20.00</b> is required for the Ordinary and Associate members, <b>RM10.00</b> for Student Member plus the Annual Fees.</i>		
<input type="checkbox"/> <b>ORDINARY MEMBER (RM 50)</b> <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"/> I am a Student Member (            ) applying to be an Ordinary Member <i>*registration fee will be exempted</i>		
<input type="checkbox"/> <b>LIFETIME MEMBER (RM 500*)</b> <i>*one-time fee</i> <i>(Open to any Ordinary Member who has been an active member for at least three consecutive years and made an outstanding contribution to this Society)</i>		
<input type="checkbox"/> <b>ASSOCIATE MEMBER (RM 200)</b> <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"/> <b>STUDENT MEMBER (RM 15)</b> <i>(For undergraduate or graduate students enrolled full-time or part-time in an educational institution)</i>		
<b>OTHER PROFESSIONAL SOCIETIES, ORGANIZATIONS, CERTIFICATIONS, or REGISTRATIONS HELD:</b>		
<b>Name of Societies and/or Organization</b>	<b>Year Joined</b>	<b>Issued By</b>

**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. For lifetime membership application, kindly describe your contribution to the Society and/or in the field of toxicology.*

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 Society of Toxicology. 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:
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<p><b>FOR STUDENT MEMBERS ONLY:</b></p> <p>APPROVED/NOT APPROVED (by the Vice-Chancellor / Dean)</p>	<p><b>MySOT PRESIDENT:</b></p> <p>APPROVED/NOT APPROVED</p> <p>MEMBERSHIP NUMBER:</p>
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