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1. **Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Choose an item Other, please specify: | | |
| Name |  | Gender | Choose an item |
| NRIC no. |  | Email address |  |
| Telephone |  | Designation |  |
| Address |  | | |

1. **Organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organisation |  | | |
| Telephone |  | Fax |  |
| Address |  | | |

1. **Qualification**

|  |  |  |
| --- | --- | --- |
| Degree | Institution | Year of degree |
|  |  |  |

1. **Membership categories**

|  |  |
| --- | --- |
| Join or Renew | Choose an item |
| Membership categories | Choose an item |
| Amount to pay | Choose an item |

\*For Student, a proof of student status or a confirmation letter of student status from your Supervisor, Dean or Department Chair is required.

1. **Declaration**

I hereby

Declare that the above particulars provided by me are true and if any of the information provided is subsequently found to be false, incorrect or adversely changed in time, the Society shall have at its absolute discretion to cancel or vary the membership approved arising from this application by giving written notice to me.

Confirm to pay the membership fee as the Society reserves the right to decline an application without complete information or payment.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant name |  | Date |  |

Please return the electronic form and documents\* required to [mspt@usm.my](mailto:mspt@usm.my) or mail/fax a printed copy to the following address:

**MALAYSIAN SOCIETY OF PHARMACEUTICAL TECHNOLOGY**

**(PERSATUAN TEKNOLOGI FARMASEUTIK MALAYSIA)**

c/o Discipline of Pharmaceutical Technology, School of Pharmaceutical Sciences, Universiti Sains Malaysia, 11800 USM, Penang, Malaysia.

Fax: 604-6570017

\*For **Ordinary & Life Memberships**, please submit a copy of your **resume**.

\*For **Student Membership**, please submit a **proof of your student status** or a **confirmation letter of your student status** from your Supervisor, Dean or Department Chair.

|  |
| --- |
| **PAYMENT METHOD & ADVICE** |
| Cash  Cheque\*  Postal order\*  Online banking/Direct bank deposit\*\*  Other, please specify:  \*Please make all cheques or postal orders payable to the MALAYSIAN SOCIETY OF PHARMACEUTICAL TECHNOLOGY**.**  \*\*The details of online banking/direct bank deposit are as follows:  Bank name: CIMB Bank  Account’s name: MALAYSIAN SOCIETY OF PHARMACEUTICAL TECHNOLOGY  Account’s number: 8600945719  **Proof of payment** (receipt of money transfer or a scanned copy of receipt) is needed. |

For questions and help, please email to [mspt@usm.my](mailto:mspt@usm.my) or call the Hon. Secretary at 04-6532074.

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**For office use only**

|  |  |
| --- | --- |
| Date of application |  |
| Payment received on |  |
| Membership number assigned |  |