



**PERSATUAN PERUBATAN OSTEOPATI MALAYSIA  
(MALAYSIA OSTEOPATHIC MEDICINE ASSOCIATION)**

马来西亚整骨医学公会

ROS Registration No. : PPM-022-10-26062020

Email : momasecretary@gmail.com

President : 016-888 7783 Secretary : 016-820 1668

16-1, JALAN RADIN BAGUS 3, BANDAR BARU SERI PETALING  
SRI PETALING, 57000, KUALA LUMPUR, W.P, MALAYSIA.

**MEMBERSHIP APPLICATION & PAYMENT INFORMATION**

Persatuan Perubatan Osteopati Malaysia(Malaysia Osteopathic Medicine Association also known as MOMA (the "association"). Prospective members should follow the instructions provided below for becoming a member of this association.

1. Completely fill out and sign the **Membership Application**.
2. Completely fill out and sign the **Payment Information** document (page 3).
3. Submit both completed and signed documents to the club officer.
4. This form is valid for submission until 31<sup>st</sup> December 2024.

For questions, please contact **momasecretary@gmail.com**.

**MEMBERSHIP APPLICATION**

**Applicant Information** This section is completed by the applicant.

Title: Dato' Sri/Datin Sri/Dato'/Datin/Dr./DR.(Ph.D)/Tuan/Puan/Encik/Cik/Pls Specify(Other):.....

Full Name: .....(Chinese).....

IC No./Passport:.....Date of Birth:.....

Address:.....

.....

State:.....PostCode:.....Country:.....

Email:.....Contact No.:.....

**MOMA Dues and Fees** This section is completed by the applicant with the help of any MOMA officer. Dues and fees are payable in advance and are not refundable or transferable.

1. First entry fee (RM 150.00)  
Paid only by new members for their first join.
2. Membership dues (RM 250.00/Year)  
Fully payment is made by all members annually, and members are encouraged to submit membership dues for 2 years in advance. Total RM 500 for 2 years.
3. Membership (Lifetime) (RM 1,000.00)  
To apply lifetime membership, member must be at least 5 years membership of this association or special approval from BODs during BOD Meeting.
4. Additional payment is required on the association Uniform, T-Shirt, Pin and etc.

**SPONSOR INFORMATION**

**Sponsor of New, Reinstated or Dual Member** This section is completed by a club officer.

.....  
Sponsor's Fullname

.....  
Sponsor Membership ID. No



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## MEMBER CONSENT

**A MOMA Member's Promise.** As a member of MOMA and my association, I promise

- ✓ To attend club meetings regularly
- ✓ To prepare all of my speech and leadership projects to the best of my ability, basing them on projects in the *Competent Communication*, *Advanced Communication* or *Competent Leadership* manuals
- ✓ To prepare for and fulfil meeting assignments
- ✓ To provide fellow members with helpful, constructive evaluations
- ✓ To help the club maintain the positive, friendly environment necessary for all members to learn and grow
- ✓ To serve my club as an officer when called upon to do so
- ✓ To treat my fellow club members and our guests with respect and courtesy
- ✓ To bring guests to club meetings so they can see the benefits MOMA membership offers
- ✓ To adhere to the guidelines and rules for all MOMA education and recognition programs
- ✓ To maintain honest and highly ethical standards during the conduct of all MOMA activities

### Member's Agreement and Release

Consistent with my desire to take personal responsibility for my conduct, individually and as a member of MOMA, I agree to abide by the principles contained in "A MOMA Member's Promise" and the governing documents and policies (refer Eroses "Constitution") of MOMA. I will refrain from any form of discrimination, harassment, bullying, derogatory, illegal, or unethical conduct, and I understand that if I engage in such conduct, I agree to reimburse MOMA, my association or other associations, or other individuals involved with MOMA, for any damages, losses or costs resulting from my conduct. Understanding that MOMA programs are conducted by volunteers who cannot be effectively screened or supervised by MOMA or its association, I release and discharge MOMA, its association, governing bodies, officers, employees, agents, and representatives from any liability for the intentional or negligent acts or omissions of any member or officer of my association or other associations/clubs, or any officer of MOMA.

By submitting this application, I agree to the collection, use and processing of the personal information I provide to MOMA in this membership application for the purposes of organization administration, payment of my dues, and inclusion of my contact information in a members' directory that will be distributed to members and employees of MOMA. By submitting my personal information to MOMA, I also agree that my information may be accessed and used by MOMA and its employees and agents. I agree to notify **MOMasecretary@gmail.com** of any change to my personal information and make requests to check, delete or correct my personal information, so that it is accurate and current. I understand that the majority of the data requested in this application is necessary for administrative and planning purposes and that the failure to provide this information may prevent my application from being properly processed or the inclusion of my contact information in the members directory.

### Verification of Applicant

By my signature below, I agree to the terms of A MOMA Member's Promise and the Member's Agreement and Release stated above and certify that I am 18 years of age or older, in compliance with the MOMA Constitution for Member of MOMA. I acknowledge that my handwritten or electronic signature on this document is legal.

.....  
Applicant's signature  
Date:

### Verification of Recommended Officer

I confirm that a complete membership application, including both the signature of the new member and that of an officer, is on file with the association and will be retained by the association. By my signature below, I certify that this individual has joined the MOMA identified. As an officer of association, I will ensure that this member receives proper orientation and mentoring. I acknowledge that my electronic signature or handwritten signature on this document is legal.

.....  
Recommended Officer's signature  
Date:

**In order for this application to be valid, both signatures are required.**



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**PAYMENT INFORMATION**

**Payment Method to MOMA.** This section is completed by the applicant and is for payment to **Persatuan Perubatan Osteopati Malaysia (MOMA)** only (the total amount listed in table 1 below on page 3). Any members or BODs are not allowed or authorised to collect any fee or dues.

- By Cheque. Please write your Cheque No: .....
- By Online Bank Transfer.

\*\* All the Transfer Slip or Receipt must be sent thru email: **MOMAscretary@gmail.com** or Contact and Watapp to the Secretary of association by h/p No.: 016 820 1668.

**\*\* BANK DETAILS:**

NAME: **PERSATUAN PERUBATAN OSTEOPATI MALAYSIA**

BANK NAME: **MAYBANK**

ABANK ACCOUNT: **5629 7301 8451**

**Table 1: Payment Details**

ITEM	DESCRIPTION	PRICE (RM)	QTY	AMOUNT	(√)	TOTAL (RM)
1	First Entry Fee	150.00	1	150.00		
2	Membership Fee (2 Years) Local / Oversea	250.00 Local / 400.00 Oversea	2	500.00 / 800.00		
3	Annual Practising Certificate (2 Years) based on relevant qualifications	100.00	2	200.00		
4	Uniform	100.00	1	100.00		
5	PIN	100.00	1	100.00		
6	Life-Time Membership (More than 5 years membership)	1,000.00	1	1,000.00		
					<b>Total</b>	

**Ringgit Malaysia (In words):** .....

- \*\* Paid Amount is excluding the Delivery Cost.
- \*\* Please kindly contact secretary if any other purchases are needed or required.
- \*\* Please kindly declare the size of your uniform (e.g S, M, L, XL, 2XL, 3XL etc).



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**Delivery Address** (if different from Mailing address)

Attn to:.....

Contact No.:.....

Address: .....

.....

State:.....PostCode:.....Country:.....

**Enclosed Documents**

1. A Copy of Identity Card / Passport (Front & Bank) – Softcopy or Hardcopy
2. Passport Size Photo (White Background) – Softcopy or Hardcopy
3. Documents or Certificates which related to your Awards (For title) – Softcopy or Hardcopy
4. Attached with relevant qualification of documents (Professional, Skills, Academy and etc) to getting process of the Annual Practising Certificate (APC).

**OFFICER USED ONLY**

Date(Receiving):.....By:.....

Date(Processing):.....By:.....

Date(Complete):.....By:.....

Confirmation of Payment Transaction

.....

**DR. Lisa Boo Kim Hiok**  
(Ph.D honoris causa, VTO)  
Charter Treasurer 2022/2024

Acknowledged by

.....

**Dr. Marvin Yip Keng Yeong**  
(Ph.D. in health Science, SBP, GEMt, OMT, VTO)  
Charter Secretary 2022/2024

Confirmed By

.....

**Dr. Chia Wei Sing**  
(Ph.D. in Health Science, SBP,OMT, VTO)  
Charter President 2022/2024