

Malaysia Osteopathic Medicine Association 马来西亚整骨医学公会 (PPM-022-10-26062020) Email: moma.officially@gmail.com President: +6017-623 7650 Secretary: +6016-226 8133 Addr: 16-1, Jalan Radin Bagus 3, Bandar Baru Sri Petaling, Sri Petaling, 57000, Kuala Lumpur, Malaysia

MEMBERSHIP RENEW & UPDATE

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

- 1. Completely fill out and sign the Membership Renew Form.
- 2. Completely fill out and sign the Payment Information document (page 3).
- 3. This form is valid for submission until 30th June 2025.

For questions, please contact moma.officially@gmail.com.

– MEMBER DETAILS –						
* Must fill						
* MOMA Membership ID: * Join Since:						
[] Check here, if member details remain unchanged from the previous record						
Please make sure to write neatly and clearly						
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 (YYYY-MM-DD):						
Address:						
State: Post Code: 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.						
 Membership dues (RM 150.00/Year) Fully payment is made by all members annually, and members are encouraged to submit membership dues for 2 years in advance. Total RM 300 for 2 years. 						
2. Additional payment is required for re-purchase of member Uniform.						
3. Postage Fee for Member Certificate Paid by Member.						
– MEMBER SIGNATURE -						
Full Name:						
Date:						



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- MEMBER COMPANY DETAILS -

Please make sure to write neatly and clearly							
[] Check here, if member company details remain unchanged from the previous record						
Со	Company Full Name:						
Со	mpany Full Chinese Name:						
Ad	dress:						
Sta	ite: Country: Country:						
Em	nail: Contact No.:						
We	ebsite:						
_	MEMBER HOME DETAILS –						
	Please make sure to write neatly and clearly						
[] Check here, if member home details remain unchanged from the previous record						
Ad	dress:						
Sta	te: Country: Country:						
– MEMBER SIGNATURE -							
	Full Name:						
rul	i Name.						
Dat	te:						



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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 Online Bank Transfer.

** All the Transfer Slip or Receipt must be sent thru email: moma.officially@gmail.com or Contact and WhatsApp to the Secretary of association by h/p No.: 016-226 8133.

** BANK DETAILS:

NAME: PERSATUAN PERUBATAN OSTEOPATI MALAYSIA

BANK NAME: CIMB Bank

ABANK ACCOUNT: 80-1141874-1

Table 1: Payment Details

#	Description	Price(MYR)	Quantity	Amount(MYR)	Check☑	Total (MYR)
1	1 Years Membership Fee	150.00	2	300.00		
2	Annual Practising Certificate (2 Years) based on relevant	100.00	2	200.00		
3	Member Uniform - Size : S / M / L / XL / XXL / XXXL *Postage Fee by member	200.00	1	200.00		
		TOTAL (MYR)				

Ringgit Malaysia (In words):

** Notice

- 1. Kindly be informed that delivery and postage costs are NOT included in the paid amount.
- 2. Kindly contact the secretary should any additional purchases be required.
- 3. Kindly indicate your uniform size, such as S, M, L, XL, 2XL, or 3XL.



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- DELIVERY ADDRESS (IF DIFFERENT INFORMATION AT PAGE 1)

Please make sure to write neatly and clearly								
Attn to:	tn to: Contact No.:							
Address:								
State:	Post Code:	Country:						
- ENCLOSED DOCUMENTS								
1. Passport Size Photo (Whit	e Background) if wish to update -	Softcopy or H	ardcopy					
2. Documents or Certificates	which related to your Awards (For	title) – Softc	opy or Hardcopy					
	ualification of documents (Professi	onal, Skills, A	cademy and etc) to getting					
process of the Annual Pra	ctising Certificate (APC).							
- FOR OFFICIAL USE ONLY								
Application/Documents:								
Received at (Date)	YYYY-MM-DD	By(Sign)						
Processed at (Date)	YYYY-MM-DD	By(Sign)						
Completed at (Date)	YYYY-MM-DD	By(Sign)						
	_							
Confirmation of Payment	Transaction							
DR. HENSEM NG - Treasur (PHD, BSC (OST), RMO (CA								
Acknowledged by	Со	nfirmed By						
MR. WEE JIIN YANG	MF	R. NGIM CHEE	YEN					
(SECRETARY 2025/2026)	(PF	(PRESIDENT 2025/2026)						