

PERSONAL INFORMATION			
SALUTATION: DR. / MR. / MS. / OTHERS:			
NAME:			
GENDER: M / F		NATIONALITY: MALAYSIAN / OTHERS:	
NRIC NO.:		PASSPORT NO. :	
HOME ADDRESS:			
ZIP CODE:	CITY:		STATE:
COUNTRY:		MOBILE:	
EMAIL:			
PRACTITIONER QUALIFICATION INFORMATION			
MDC (PERAKUAN PENDAFTARAN) NO.:			
1	QUALIFICATION: YEAR QUALIFIED: INSTITUTION:	3	QUALIFICATION: YEAR QUALIFIED: INSTITUTION:
2	QUALIFICATION: YEAR QUALIFIED: INSTITUTION:	4	QUALIFICATION: YEAR QUALIFIED: INSTITUTION:
PRACTICE INFORMATION			
SECTOR: PRIVATE / GOVERNMENT / UNIVERSITY / OTHERS:			
SPECIALIZATION:			
NAME OF PRACTICE:			
PRACTICE ADDRESS:			
ZIP CODE:	CITY:		STATE:
COUNTRY:		PRACTICE MOBILE:	
PRACTICE TEL:		PRACTICE FAX:	

RECOMMENDATION (The Proposer and Seconder must be a member of MDA in benefit)		
PROPOSER NAME:		
SECONDER NAME:		
MEMBERSHIP TYPE		
<input type="checkbox"/> ORDINARY = RM300 (ENTRANCE FEE: RM100 , ANNUAL SUBSCRIPTION: RM200) <input type="checkbox"/> ASSOCIATE = RM300 (ENTRANCE FEE: RM100 , ANNUAL SUBSCRIPTION: RM200) <input type="checkbox"/> UNDERGRADUATE STUDENT = RM50 (ANNUAL SUBSCRIPTION: RM50) INSTITUTION: _____		
DEFAULT MAILING ADDRESS		
<input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> PRACTICE ADDRESS		
SIGNATURES		
I HEREBY APPLY FOR THE MEMBERSHIP IN MDA AND UNDERTAKE TO ABIDE BY ITS CONSTITUTION AND BY-LAWS.		
SIGNATURE OF APPLICANT:	DATE:	
PAYMENT DECLARATION		
TOTAL AMOUNT: RM		
PAYMENT METHOD	CASH	BANK DRAFT
	CHEQUE	POSTAL ORDER
	CREDIT CARD	OTHERS:
	BANK TRANSFER	
FOR CREDIT CARD PAYMENT ONLY	NAME OF CARD HOLDER:	
	CARD NO.:	EXPIRY DATE (M/Y):
	BANK:	TYPE OF CARD: VISA/MASTER
	<input type="checkbox"/> I HEREBY AUTHORIZE "MALAYSIAN DENTAL ASSOCIATION" TO DEBIT THE STATED AMOUNT FROM MY CREDIT CARD.	
SIGNATURE OF APPLICANT:	DATE:	
FOR OFFICE USE ONLY		
DATE RECEIVED:	RECEIVED BY:	
DATE APPROVED BY COUNCIL:	DATE CONFIRMED AT AGM:	

MDA MEMBERSHIP INFORMATION	
ORDINARY MEMBERSHIP	Ordinary members shall be Malaysian citizens registered in Division I of the Dental. Register under the Laws of Malaysia Act 51 Dental Act 1971.
ASSOCIATE MEMBERSHIP	The following shall be eligible for Association Membership: <ul style="list-style-type: none"> i) Any person holding a dental qualification recognized by the Malaysian Dental Council, provided such person is not residing in Malaysia. ii) Any non Malaysian citizen holding a dental qualification recognized by the Malaysian Dental Council provided such members are residing in Malaysia. iii) Accredited members of foreign national Dental Associations whose Associations extend reciprocal membership to members of MDA. iv) Members of the Allied Professions in Malaysia who contribute to the advancement of Dentistry. v) Have all privileges of Ordinary and Life Membership except to participate in all General meetings of the Association or to vote, nominate or hold office in the Association.
LIFE MEMBERSHIP	Life members shall be ordinary members of the Association upon application, having been members of the Association continuously for a minimum period of 20 years and who have attained the age of 60 years. Expulsion or resignation of membership shall be deemed as a break in continuity of membership.
STUDENT MEMBERSHIP	Student membership shall be opened to all Malaysian undergraduates in any University or University College Dental School in Malaysia.

MEMBERSHIP APPLICATION FORM



MALAYSIAN DENTAL ASSOCIATION

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