

MEMBERSHIP SCHEME OF CO-OPERATION MALAYSIA

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Medical
Protection



Payment details

To confirm what your MPS subscription rate should be, please contact MMA on +603 40411375 and indicate the amount below. Return this entire form with any enclosures to: Malaysian Medical Association, 4th Floor MMA House, 124 Jalan Pahang, 53000 Kuala Lumpur, Malaysia.

Method of payment

I wish to pay my subscription in accordance with the following instructions:

- | | |
|---|----|
| <input type="checkbox"/> Cash | MR |
| <input type="checkbox"/> Cheque (in full) – Crossed and made payable to: Medical Protection Society | MR |

Please sign, date and return this payment instruction with your application form.

- | |
|---|
| <input type="checkbox"/> Online Bank Transfer - Please contact us for bank details to make your transfer. |
|---|

Please note: It is your responsibility to provide accurate information about your professional practice (which may affect the subscription you pay). Failure to notify us of any change of address, private practice income and scope of practice could result in the suspension or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

By completing this form I understand that if my subscription or any other liability to MPS is in arrears for more than one month, then I shall cease to be entitled to any membership benefit from MPS from that date when such subscription or liability fell due. I also understand that after non-payment for two months MPS may terminate my membership by notice, although my liability to MPS already accrued will not be affected.

Signature: _____

Date: (DD/MM/YYYY) _____

OFFICE USE ONLY

Date received (DD/MM/YYYY)	Membership number
Amount (MR)	Membership start date (DD/MM/YYYY)
Issued by	Notes
Date of receipt (DD/MM/YYYY)	

Please tell us why you have chosen MPS – Your comments are important to us, please tick below

- Personal recommendation
- Competitive subscription rates
- MPS membership co-ordinator, please provide their initials:
- Group arrangement
- Dissatisfaction with previous organisation
- Other (please provide details in the space provided)

Medical Protection – Malaysia contact information

Malaysian Medical Association
4th Floor MMA House
124 Jalan Pahang
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