



Application for Membership

MEMBER'S INFORMATION		
Full name:		
Title:	Prof./Assoc. Prof./Dr/Mr/Ms/Others: _____	
Organisation/School:		
Mailing address:		
	Postcode:	
Telephone:	Mobile:	Office:
Email:	Main:	Other:
Date of birth:		Gender: Male / Female
Professional qualifications:	1. 2. 3. 4. 5.	
Research area:		
Year of graduation:		
Area of specialty:		
Are you a member of the Main IADR?		
If YES, kindly state your IADR ID:		
MEMBERSHIP DETAILS		
Eligibility for Membership:		
Any individual who is interested in dental science and dental research is eligible for membership of the Section provided that he/she conforms to the recognised standards of professional ethics.		
Membership Categories & Annual Membership Fees (Please tick the appropriate box):		
<input type="checkbox"/>	Ordinary member	RM 50.00 <i>- a person who is an IADR member and is interested in the advancement of dental research in Malaysia</i>
<input type="checkbox"/>	Associate member	RM 50.00 <i>- a person who is not an IADR member and is interested in the advancement of dental research in Malaysia</i>
<input type="checkbox"/>	^Research Technician/Assistant	RM 20.00 <i>- a person who is a full-time research technician or assistant and is interested in the advancement of dental research in Malaysia</i>
<input type="checkbox"/>	^Student member	RM 20.00 <i>- a person who is a full-time undergraduate dental student currently enrolled in a recognised academic institution in Malaysia</i>

^ please complete the following part in the next page



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^Research Technician/Assistant and Students application	
Department/Institution	
Name of programme	
Expected completion date	
Signature of Dean/Head of Department	

PAYMENT	
Method (tick where appropriate)	<input type="checkbox"/> 1. Cheques and Bank Drafts - payable to INTERNATIONAL ASSOCIATION FOR DENTAL- (<i>Note: The dash needs to be written</i>) Cheque/Bank draft no.: _____ Date of issue: _____ <input type="checkbox"/> 2. Online payment - via ATM transaction/Bank transfer to CIMB BANK account 8003-3920-37 , INTERNATIONAL ASSOCIATION FOR DENTAL-. ABA Swift Code: CIBBMYKL
Signature of applicant	
Date	

Please send the completed application form with fee to:

Secretary

Malaysian Section IADR

c/o: **DR ROHAIDA ABDUL HALIM**
Faculty of Dentistry
Universiti Teknologi MARA Sungai Buloh Campus
Off Jalan Hospital
47000 Sungai Buloh
Selangor

Or email us the scanned form and proof of payment to **iadrmalsec@gmail.com**

FOR OFFICE USE ONLY			
<i>Date received</i>		<i>Receipt no.</i>	
<i>Category</i>			
<i>Notes & initial</i>			