



**ASIA PACIFIC REGENERATIVE MEDICINE
AND IMMUNOTHERAPY ASSOCIATION
(PM-002-10-13042022)
MEMBERSHIP FORM**

Signature Office 2, Block VO6, Level 05, Unit 07, Lingkar SV (Off Jalan Peel),
Sunway Velocity, 51100 W.P. Kuala Lumpur, Malaysia.
E-mail : secretariat@armi.org.my

PHOTO
Optional / New
Member

Application For New Membership Renew Membership Lapsed / Rejoined

1. Name
2. Title (e.g. Tan Sri, Puan Sri, Dato', Datuk, Datin, Prof, Dr)
3. NRIC New Old IC
4. Date Of Birth 5. Sex : Male Female
6. Marital Status Married Single Others :
7. Nationality : Malaysian Others (Plesae Specify)
8. Race : Malay Chinese Indian Others (Plesae Specify)
9. Home Address
- City Post Code
- State Country

10. Office Address
- City Post Code
- State Country

11. Contact No Home Office
- Mobile
- E-MAIL

12. Please send my correspondence to my Working Address Home Address
(Please inform change of adress, telephone numbers, e-mail address whenever you have moved for both the working & house address)

In submitting an application for membership of the Asia Pacific Regenerative Medicine And Immunotherapy Association (ARMI), I agree to abide by the Constitution of the Association & regulation as may be enacted from time to time.

Signature of Application

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Name:

Date:

NOTES : PLEASE ENSURE THAT THE APPLICATION FORM IS FULLY COMPLETED AND ACCOMPANIED BY THE FOLLOWING DOCUMENTS TO AVOID DELAY IN PROCESSING YOUR APPLICATION

1. A copy of your photograph (I/C size) to be attached in the space provided (Optional).
2. Registration payment - RM 50
3. Annual subscription - RM 100
4. Bank details:

PERTUBUHAN PERUBATAN REGENERATIF DAN IMMUNOTHERAPI ASIA PASIFIK
140460010094665 (Alliance Bank Malaysia Berhad)
No. 254 & 254A, Jln Mahkota, Maluri, 55100 Cheras, Wilayah Persekutuan Kuala Lumpur.