

## Registration Form

Membership is open to all persons fulfilling the requirements of the membership categories. Refer to the Registration Requirements/Fees (<https://maprosthodontics.com.my/requirements/>) for full details of the requirements.

### MAP Membership Form

Name \*

Email \*

Gender

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Nationality \*

NRIC / Passport No. \*

### Contact details

Correspondence Address \*

Street Address

Apt, Suite, Bldg. (optional)

City

State / Province / Region

Postal / Zip Code

Country

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Phone

Fax

## Qualification Details

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### Basic Dental Qualification/University/Year

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**Qualification**

**University**

**Year**

### Additional Dental Qualification/University/Year

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**Additional Dental Qualification**

**University**

**Year**

### Other Qualification/University/Year

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**Other Qualification**

**University**

**Year**

**MDC Registration Number**

**Year Registered**

Malaysia Dental Council Registration  
Number

## Category of MAP Membership Applied for

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### Category \*

\*Find all the information you need about MAP's membership fees at Registration Requirements/Fees page

- Ordinary RM 80                       Life RM 880  
 Associate RM 80                       Student

### Membership Agreement \*

- Personal data protection Act: MAP respects the privacy of individuals with regards to their personal data and is committed to protecting the privacy of our members. By signing this form, you agree to allow us to manage and verify your membership, send you our newsletter and to respond to requests.
- I would like to apply for membership of the MAP and the required membership fee and a copy of my professional degree / certificate is enclosed. I declare that the above information provided by me is true and correct and i have read, understood and accepted the criteria for membership as stated.