



# MALAYSIAN ASSOCIATION FOR THE STUDY OF PAIN

Reg. No. PPM-006-14-09031993

## Application for Membership

NAME .....

Address (mailing) .....

.....

.....

Telephone (Office) .....(H/P) .....(Home) .....

Email Address .....

Degrees(s)/Diploma(s) .....

Present Post .....

Place of work .....

Address .....

.....

.....Fax No: .....

Are you a member of the IASP? Yes / No

### Your Interest in Pain

Acute Pain  
Chronic Pain  
Cancer Pain  
Pain in children  
Obstetric analgesia

Other .....  
.....  
.....  
.....

### Type of Membership desired

Regular RM50  
Life RM300

### Enclosed payment/ payment proof :

Cash	
Cheque	Please make cheque payable to: <i>Malaysian Association for the Study of Pain</i>
Direct Banking	Malaysian Association for the Study of Pain a/c no: CIMB 80-0128645-7

Date : ..... Signature : .....

### OFFICE USE ONLY

Registration No : .....

Receipt No : .....

Please send to:  
Email: [maspsecretariat@gmail.com](mailto:maspsecretariat@gmail.com)

MASP Secretariat  
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University Hospital  
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Tel: 03-79492052