



Society for Anti Aging, Aesthetic and Regenerative Medicine Malaysia  
(SAAARMM)

under the patronage of

His Majesty The Yang Di-Pertuan Agong XV Sultan Muhammad V

invites you

to become a member of SAAARMM

# **Membership Criteria, Fee and Rights and Privileges**

## **Membership**

Membership in the society shall be composed of as follows; and Membership and function of the Society will not be restricted for reasons of sex, race, religion or nationality.

There shall be no limit to the number of members of the society

- Honorary Fellow
- Foundation Fellow
- Fellow
- Honorary Member
- Life Member
- Ordinary Member
- Associate Member
- Corporate Member
- Overseas Member

## **Life Membership**

Application for this category may be made directly to the Executive Committee by ordinary members who may pay life time fee. Such members shall continue to enjoy the privileges of ordinary members and shall be exempted to pay annual fees.

## **Ordinary Membership**

Ordinary membership shall be open to medical practitioners and shall be Malaysian citizen above 21 years of age.

Non Medical graduates with scientific expertise and qualification in the field of Sports and Exercise Medicine or Science may be invited by the Executive Committee to become ordinary members.

## **Associate Membership**

They shall be persons who could aid in the objectives of the society but do not fulfill the criteria for Ordinary Membership. Such membership shall also be open to those who are in allied medical fields; e.g. pharmacist, physiotherapist and dieticians etc.

## **Corporate Membership**

Shall be open to Directors and employees of the companies dealing with pharmaceuticals, anti-aging, aesthetic and regenerative medicine, and diagnostic facilities and any Corporate companies who would like the services of the Anti-Aging, Aesthetic and Regenerative Medicine Physicians to advise them on health programs, health talks and for their family and functions.

The Corporate companies may send members to attend scientific seminars/symposiums including international congresses and can setup their own exhibition booths to promote their products. They shall be termed as Corporate Members and shall pay an entrance fee and an annual fee.

### **Overseas Membership**

This category of membership is reserved for applicants who reside outside Malaysia. Such members shall pay the fees of Ordinary Members and shall be eligible to participate in all activities of the society but shall have no voting rights and shall not hold any office in the society.

## **Entrance fees, Subscriptions and Other Dues**

The financial year shall start on the 1st February each year and end on the 31st January the following year.

The Annual Subscriptions shall be payable to treasurer at the beginning of each financial year.

The following fees shall be payable as follows:

### **Ordinary Member**

The membership for this category shall pay an entrance fee of RM 100/= and annual subscription of RM 50/=.

### **Associate Member**

The membership for this category shall pay an entrance fee of RM 100/= and annual subscription of RM 50/=.

### **Corresponding Member**

The membership for this category shall pay an entrance fee of RM 100/= and annual subscription of RM 50/=.

### **Life Member**

The membership for this category shall pay a one time payment of RM 500/= and shall be exempted from paying annual fees.

### **Corporate Member**

The membership for this category shall pay an entrance fee of RM 1000/= and annual subscription of RM 500/=.

### **Honorary Fellow and Honorary Membership**

The memberships for these categories are exempted of membership fees.

### **Fellow**

The membership for this category shall pay a one time payment of RM 1000/= and shall be exempted from paying annual fees.

## **Rights and Privileges of Membership**

Members are entitled to attend meetings of the society.

Life, Upgraded Honorary and Ordinary Members shall be entitled to hold office in the Executive Committee and to vote.

Formalization for Aesthetic Medicine Practitioner status in the Scheduler List of Ministry of Health.

Doctors to acquire master's degree, ABAARM Diplomate and Board certified physician status.

Members can be nominated for Fellow of SAAARMM (awaiting approval)

Being part of a National Society for Anti Aging, Aesthetic and Regenerative Medicine recognized for their expertise and leadership.

Reduced registration fees at the SAARMM Annual General Meeting and conference/symposium/congress that presents the latest innovations and advancements in anti aging, aesthetic and regenerative medicine.

SAAARMM Newsletter - published with the latest information on what is happening throughout the anti aging, aesthetic and regenerative medicine profession.

The opportunity to nominate other physicians to membership.

To apply for membership of the  
Society for Anti Aging, Aesthetic and Regenerative Medicine Malaysia (SAAARMM)

Please return enclosed application form to:



### **SAAARMM SECRETARIAT**

142, Jalan Ipoh 3rd Floor

UMNO Selangor Building

51200 Kuala Lumpur, Malaysia

Tel: 603-40410092/603-40416336 Fax: 603-4042 6970

Email: [info@saaarmm.org](mailto:info@saaarmm.org) Website: [www.saaarmm.org](http://www.saaarmm.org)

**MEMBERSHIP APPLICATION FORM**

- |   |   |
|---|---|
| <input type="checkbox"/> Ordinary Membership  | <input type="checkbox"/> Life Membership          |
| <input type="checkbox"/> Associate Membership | <input type="checkbox"/> Corresponding Membership |
| <input type="checkbox"/> Corporate Membership | <input type="checkbox"/> Fellow                   |

Title(Tun/Tan Sri/Dato'/Datuk/Dr/Mr/Ms) \_\_\_\_\_

Full Name \_\_\_\_\_

NRIC/Passport No \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Qualification/Awarding Institution/Year \_\_\_\_\_

\_\_\_\_\_

Other Related Certification \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Speciality \_\_\_\_\_

Annual Practice Cert. No. (If applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

Contact Mobile \_\_\_\_\_

Office \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**PAYMENT****Entrance Fee****Annual Fee**

<b>Life Member</b>	<input type="checkbox"/>	RM 500	—
<b>Ordinary</b>	<input type="checkbox"/>	RM 100	+ RM 50
<b>Associate</b>	<input type="checkbox"/>	RM 100	+ RM 50
<b>Corporate</b>	<input type="checkbox"/>	RM 1000	+ RM 500
<b>Corresponding</b>	<input type="checkbox"/>	RM 100	+ RM 50
<b>Fellow</b>	<input type="checkbox"/>	RM 1000	—

Voluntary contribution: RM: \_\_\_\_\_

**Mode of Payment: CASH / CHEQUE / BANK DRAFT / TELEGRAPHIC TRANSFER / CREDIT CARD**

Enclosed here cheque No \_\_\_\_\_ for the amount of RM \_\_\_\_\_ in favour of 'Society for Anti-Aging Medicine'

Credited Alliance Bank Malaysia Bhd. A/C no. 140280010046084 for the sum of RM \_\_\_\_\_ CASH/CHEQUE.  
(Please fax proof of payment)

Sent Payment via Telegraphic Transfer for USD/RM \_\_\_\_\_ to 'Society for Anti-Aging Medicine',  
Account No. 1402800100 46084, Swift Code MFBBMYKL, Alliance Bank Malaysia Berhad. 41&43, Jalan Ipoh,  
51200 Kuala Lumpur, Malaysia

Authorise 'Society for Anti-Aging Medicine' to debit the following credit card for the amount of US/RM \_\_\_\_\_  
as payment for registration.

Visa                       Mastercard                       Security Code (3 digits \_\_\_\_\_)

Name of Card-Holder : \_\_\_\_\_

Credit Card No. : \_\_\_\_\_

Card-Holder's Signature : \_\_\_\_\_ Exp. Date \_\_\_\_\_

Proposed by : \_\_\_\_\_ Date: \_\_\_\_\_

Seconded by : \_\_\_\_\_ Date: \_\_\_\_\_

I Certify that the above information is correct  
Signature : \_\_\_\_\_ Date: \_\_\_\_\_

- \* For Medical Doctor please enclosed a copy of latest APC along with this application form
- \* For Non medical doctor applicant, please enclosed brief CV of yourself
- \* For Corporate applicant, please enclosed a brief background of company

**SAAARMM Secretariat:**

Society for Anti-Aging, Aesthetic and  
Regenerative Medicine Malaysia (SAAARMM)  
142, Jalan Ipoh, 3rd Floor, UMNO Selangor Building  
51200 Kuala Lumpur, Malaysia  
Tel: 603-40416336, 603-40410092  
Fax: 603-40426970, 603-40414990  
E-mail: [info@saaarmm.org](mailto:info@saaarmm.org)  
Website: [www.saaarmm.org](http://www.saaarmm.org)

**For Secretariat Use**

Date Received : \_\_\_\_\_  
Date of Approval : \_\_\_\_\_  
Total Amount : \_\_\_\_\_  
Receipt No : \_\_\_\_\_