



## NATIONAL SOCIETY OF AUDIOLOGISTS

W505, WEST WING, METROPOLITAN SQUARE,  
NO. 2, JALAN PJU 8/1,  
DAMANSARA PERDANA, 47820,  
SELANGOR DARUL EHSAN  
WEBSITE: <http://www.mansa.org.my/> | FAX: 03-7493 5447

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### INFORMATION AND GUIDELINES FOR APPLICANTS WITH QUALIFICATIONS OBTAINED WITHIN MALAYSIA

Thank you for your enquiry regarding Membership of the Malaysian National Society of Audiologists. An application form is enclosed for you to complete and forward, together with the appropriate documents and fees, to the above address.

The following documents are required:

- a. A formal application form must be completed.
- b. \* Copy of certificate awarded by University
- c. Appropriate membership fees.

\* All documents submitted must be **certified true copies** of the original documents.

#### Eligibility:

**Ordinary Membership:** Applicants must possess minimum academic qualifications at degree level in Audiology and clinical experience in Audiology. Applicants must be Malaysian citizens and agree to abide by the Code of Ethics of the Society.

**Honorary Membership:** Applicants who have rendered distinguished services in the related field of Audiology may be invited to become Honorary Members of the Society by the Executive Committee. Applicants must agree to abide by the Code of Ethics of the Association.

**Student Membership:** Applicants must be full time students pursuing studies in an accredited programme in Audiology locally or overseas.

**Affiliate Membership:** Applicants who holds at least a tertiary qualification from a regionally accredited institution of higher learning, and has an active professional interest in hearing, hearing science, or audiology in accordance with current Society policy. An affiliate member is not an audiologist or is not otherwise eligible for membership as a Full Member.

#### MEMBERSHIP FEES FOR 2019/2020

Full Member	:	Entrance fee	RM 80.00
		Annual Subscription	RM 50.00
		Total	RM 130.00
Affiliate Member	:	Entrance fee	RM 80.00
		Annual Subscription	RM 100.00
		Total	RM 180.00
Student and Honorary Member	:	Free	

Payment should be made to the '**Persatuan Audiologis Kebangsaan Malaysia**' in the form of Bank drafts or cheques and in Malaysian Ringgit only. Membership fee can also be debited to the **Maybank Berhad** account (Acc. No: **564490217773**). The applicant is required to attach the deposit slip together with this form. Membership fees are renewable on March 31st of each year. All applications are acknowledged. When all the required documents are received, every effort is made to process applications within a four to five week period. Applicants are notified of the outcome and any further action. Acceptance to the Society is subject to approval by the Executive Committee. To avoid considerable delays, please ensure that all the required documents are submitted with this application.



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### MEMBERSHIP APPLICATION FORM

FOR OFFICE USE ONLY:		
Date Received :	Receipt No :	Membership No :
Date Acknowledged :		Notes :
Date Accepted by Executive Committee:		

Please read the information attached before completing this form. Please use block letters.

PERSONAL INFORMATION			
Last Name (Prof, Dr, Mr, Mrs, Ms, Miss) :			
First Name :			
Date of Birth :		IC /Pasport No :	
Address :	Citizenship :		
	Fax No :		
	Phone No :		
	E-mail :		

QUALIFICATIONS			
Qualifications	University	Year of Graduation	Duration



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CURRENT EMPLOYMENT DETAILS	
Employment Address :	
Department :	Position :

MEMBERSHIP SURVEY		
<p><b>Current position?</b></p> <p>Clinical Audiologist <input type="checkbox"/></p> <p>Consultant <input type="checkbox"/></p> <p>Director <input type="checkbox"/></p> <p>Educational Audiologist <input type="checkbox"/></p> <p>Owner <input type="checkbox"/></p> <p>Pediatric Audiologist <input type="checkbox"/></p> <p>Research Audiologist <input type="checkbox"/></p> <p>Professor/Instructor <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>.....</p> <p><b>Primary function? (select one)</b></p> <p>Administration <input type="checkbox"/></p> <p>Clinical Service Provider <input type="checkbox"/></p> <p>Education <input type="checkbox"/></p> <p>Research <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>.....</p> <p>.</p>	<p><b>Primary work setting? (select one)</b></p> <p>Clinic <input type="checkbox"/></p> <p>Corporate Audiology Group Practice <input type="checkbox"/></p> <p>ENT/Physician's Office <input type="checkbox"/></p> <p>Hospital <input type="checkbox"/></p> <p>Manufacturer <input type="checkbox"/></p> <p>Military <input type="checkbox"/></p> <p>Private Practice—owner or own equity <input type="checkbox"/></p> <p>Private Practice—employee only <input type="checkbox"/></p> <p>Primary/Secondary School <input type="checkbox"/></p> <p>University <input type="checkbox"/></p> <p>Other.....</p> <p><b>Do you practice full-time?</b></p> <p>Yes <input type="checkbox"/></p> <p>No, I practice less than 30 hours per week <input type="checkbox"/></p>	<p><b>What are your specialties?</b></p> <p>Audiologic Rehabilitation:</p> <p>Adult <input type="checkbox"/></p> <p>Pediatric <input type="checkbox"/></p> <p>Auditory Evoked Response (ABR) <input type="checkbox"/></p> <p>Auditory Processing Disorders <input type="checkbox"/></p> <p>Cochlear Implants <input type="checkbox"/></p> <p>Diagnostics :</p> <p>Adult <input type="checkbox"/></p> <p>Pediatric <input type="checkbox"/></p> <p>Electronystagmography (ENG) <input type="checkbox"/></p> <p>Hearing Aid Dispensing <input type="checkbox"/></p> <p>Hearing Conservation <input type="checkbox"/></p> <p>Intraoperative Monitoring <input type="checkbox"/></p> <p>Newborn Hearing Screening <input type="checkbox"/></p> <p>Tinnitus <input type="checkbox"/></p> <p>Vestibular Testing/Rehab <input type="checkbox"/></p>

**PAYMENT DETAILS**

I enclose my cheque/money order/bank draft for RM ..... (Cheque No.:.....)

I hereby apply for admission to The Malaysian National Society of Audiologists as an Ordinary Member Honorary Member/ Affiliate Member/ Student Member (please choose one). I declare the enclosed information to be a true and accurate record.

Signature:

Date: