

Akademi Farmasi Malaysia

Malaysian Academy of Pharmacy

Tel: 012-6968405 Email: 1map.finance@mail.com Website: www.acadpharm.org.my



DATE: 24th August 2024

TO : MEMBERS OF THE MALAYSIAN ACADEMY OF PHARMACY

NOTICE OF ANNUAL GENERAL MEETING YEAR 2023

NOTICE IS HEREBY GIVEN THAT the Annual General Meeting 2023 of the Malaysian Academy of Pharmacy will be held as follows:

Date : 26th October 2024 (Saturday)
Time : 10:00 am
Venue : Virtual Platform (Zoom link will be provided later)

All Malaysian Academy of Pharmacy Members are invited to attend.

AGENDA

1. To receive the minutes for the last AGM
2. To receive the Council's Report
3. To receive the Statement of Accounts duly audited.
4. To elect 5 Council Members*
5. To elect the Principal from amongst those elected to the Council
6. To appoint two auditors for the year
7. To discuss any other matters that is received by the Council 21 days before the AGM, namely by 05th October 2024 (Saturday)

*According to the Constitution, at each Annual General Meeting, five members of the Council shall retire.

Thank you.

Yours sincerely,

Leow Yeow Ming
Registrar
Malaysian Academy of Pharmacy

Reminder: For those who have not renewed your 2024 membership, we appreciate it if you can renew your membership before the AGM. Your membership will start immediately, and it will extend and expire on 31.12.2025. Attached please find the MAP Membership Renewal Form for your further action.

* Please RSVP by 19th October 2024 by email to 1map.finance@gmail.com (please insert email subject with "MAPAGM23-Your Name" and your message need only be your a) full name; b) pharmacist registration no; c) place of work; d) mobile no and e) email address

MALAYSIAN ACADEMY OF PHARMACY

Tel: 012-696 8405; Email: 1map.finance@gmail.com

MEMBERSHIP APPLICATION/RENEWAL*

1. PERSONAL

Mr/Mrs/Miss/Dr/Prof/others:	Awards (Datuk/Dato'/others):	Year <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td></tr></table>	2	0	2
2	0	2			
Full Name	Pharmacist Registration No:	Type of Membership <input type="checkbox"/> Ordinary <input type="checkbox"/> Associate <input type="checkbox"/> Life			
NRIC No: (new) (old):	Member since (renewal only):				
Company/Institution	Designation:				

2. CONTACT

Address	Office _____	Home _____
Town / Postcode State		
Mobile No:		
Email		

Preferred mailing address: Office Home

3. NEW MEMBER ONLY

(please attach certified copy of certificates & email to 1map.finance@gmail.com)

Qualification	University/College	Year Qualified

4. REFEREE^C

Name	Signature	Ordinary Member of Academy
1.		
2.		
3.		

5. I hereby agree to sign the Academy pledge

Signature: _____

Date: _____

6. PAYMENT OPTIONS

A) Cheque Bankdraft No _____ For the sum of RM _____ (payable to "Malaysian Academy of Pharmacy")

B) By direct bank transfer for the sum of RM _____ via MAYBANK ATM / Cash Deposit Machine / Telegraphic Transfer (TT) into MAP's Maybank current account.

Malaysian Academy of Pharmacy (MAP) Bank Details

1) Account Name: Malaysian Academy of Pharmacy; 2) Bank: Account No: 5-1427112-9500; 3) Bank Name: Malayan Banking Berhad (Maybank). 4) Bank Address: 2, Lorong Rahim Kajai 14, Taman Tun Dr Ismail, 60000 Kuala Lumpur, Malaysia and 5) Bank Swift Code: MBBEMYL:

You MUST send the MAP membership application/renewal form and proof of payment to 1map.finance@gmail.com to confirm your payment.

7. RATES: Subscription rate for membership per annum (1st Jan – 31st Dec)

Entrance fees (once only) : Ordinary RM 300.00 Entrance fees (once only) : Associate RM 200.00	Annual Fees Ordinary/Associate: RM 100.00	Life : RM 5,000.00 OR Installment: RM 300 entrance fee + RM 300 for 1 st month and RM 100 for next 47 months
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8. FOR OFFICIAL USE ONLY

Credential scrutinized and confirmed by _____	Application approved by _____	Applicant informed by Registrar _____
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- Criteria to join:**
- a) Have been practising their specialty for at least five years or
 - b) Have a recognized postgraduate qualification in a pharmacy-related course
 - c) Have been testified to by three referees, two of whom must be Ordinary Members of the Academy
 - d) Have published or presented papers of a standard acceptable to the Council and
 - e) Is of good character and conduct