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| FOR OFFICE USE ONLY |
| Date of Receipt of Application: |
| Membership ID: |

**MEMBERSHIP APPLICATION**

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| Applicant Information | | |
| Title: | | |
| Name: | | |
| Date of birth: | IC/Passport No: | Place of birth: |
| Home address: | | |
| Postcode: | City: | State: |
| Country: | Email: | Phone: |
| Employment Information | | |
| Position: | | |
| Current employer: | | |
| Employer address: | | |
| Postcode: | City: | State: |
| Country | Phone: | Fax: |
| MEMBERSHIP FEES | | |
| Subscription Fee: (please tick)  Ordinary Member RM~~100.00~~ 50.00 p.a.  Life Member RM300.00  Associate Member RM50.00 p.a.  Institutional Member RM1,000.00 p.a. | | |
| Signatures | | |
| I authorize the verification of the information provided on this form as to my credit and employment. | | |
| Signature of applicant: | | Date: |