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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: |