

APPLICATION FOR MEMBERSHIP

I wish to apply for membership for the following category:

Ordinary Member Associate Member
(Please tick where applicable)

Full Name (Mr/Ms/Mrs/Dr): _____
(As in NRIC/Passport)

Date of Birth: ____ / ____ / ____
(DD / MM / YYYY)

Sex: Male Female
(Please tick where applicable)

NRIC / Passport No.: _____

Marital Status: Single Married If married, Name of Spouse: _____
(Please tick where applicable)

Occupation / Designation: _____

Home Address: _____

Home Telephone No.: _____ Mobile Telephone No.: _____

Email Address: _____

I hereby certify that all of the above information is true and correct. I agree to abide by all the Rules and Regulations set by the Association at all times if this application is approved. I understand that the subscription is payable in advance.

Name of Applicant: _____ Signature of Applicant: _____

Date: ____ / ____ / ____
(DD / MM / YYYY)

FOR OFFICIAL USE ONLY

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|---|-----------|
| 1) Entrance Fee | RM 10.00 |
| 2) Yearly Subscription for Ordinary Member | RM 150.00 |
| 3) Yearly Subscription for Associate Member | RM 150.00 |

Name: _____ Signature: _____ Date: ____ / ____ / ____

Receipt No.: _____ Membership No.: _____