

Membership Renewal Form (Borang Membaharui Keahlian)

Membership No:		
The Membership Officer, I wish to renew my memb	pership for the period stated below	7
Membership Type	Annual Fee	No of Years
Full Member	RM 10.00	
Associate Member	RM 5.00	
Association	RM100.00	
Corporation	RM100.00	
Title (Mr/Mrs/Ms/Dr) Name:		
7/0.37	(In Block Letters)	
I/C No:		
Passport No:	(Foreigners only	7)
Address:		
Postcode:	Town/State	
Tel (Home):	Profession:	
Tel (Office):	Email;	
Mobile Phone:	Birth Date:	
Field of Interest:		
Recommended by:		
Signature:		
For Office Use Only Registration Date	Expiry Date	
	Approved by :	
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