



MEMBERSHIP APPLICATION FORM

BRANCH

A. Company Details:

Company Name: _____
 Registration No.: _____ Date & Place of Registration: _____
 Office Address _____
 Telephone No.: _____ Fax: _____ H/P: _____
 Nature of Business: _____
 Name of Representatives _____
 E-mail: _____ Website address: _____
 HRDF claimable [YES] / [NO]

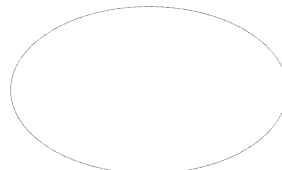
B. Personal Details:

Name: _____ I.C No.: _____
 Email: _____ H/P.: _____
 Home Address _____
 Position Held : _____ Experience (Expertise) _____
 Highest Qualification: _____
 Ordinary Member RM600 Individual Member RM300 Affiliate Member RM1000

Proposed By

Seconded By

I/We acknowledge the above information given above is correct and I/We agree to abide by the guidelines, Rules & Constitution of Association.



Signature of Applicant

Official Chop

Date

**Applicant is to attach copy of Business Registration, Trade License for Ordinary & Affiliated member and copy of IC & ICT Academic Qualification Certificate for Individual member application for verification purposes.*

C. For Office Use (Branch)

Date of Admission : _____ Membership No. _____
 Receipt No : _____

Signature of Chairman

Signature of Secretary