



MALAYSIAN PSYCHOTHERAPY ASSOCIATION (ROS No. PPM-004-14-29112002)

11-1 Wisma Laxton, Jalan Desa, Taman Desa,
58100 Kuala Lumpur.
Tel : 03 – 7982 4424 Fax: 03 – 7982 6330

MEMBERSHIP APPLICATION FORM

NAME : _____

NRIC NO. / PASSPORT NO : _____

NATIONALITY : _____

AGE : _____

SEX : _____

HOME ADDRESS : _____

OFFICE ADDRESS : _____

TELEPHONE (MOBILE) : _____

TELEPHONE (OFFICE) : _____

TELEPHONE (OTHERS) : _____

EMAIL : _____

MEMBERSHIP CATEGORY

TYPE OF MEMBERSHIP	ENTRANCE FEE	ANNUAL FEE	PLEASE TICK (✓)
General Practitioner Member	RM 200.00	RM 400.00	
General Practitioner Conditional Membership ¹		RM 400.00	
Single Specialist Board Member		RM 400.00	
Double Specialist Board Member		RM 800.00	
Triple Specialist Board Member		RM 1,200.00	
Supervisor Member		RM 800.00	
Associate Member	RM 100.00	RM 200.00	
Fellow Member	RM 200.00	RM 200.00	
Corporate Membership ²	RM 600.00	RM 1200.00	
Life Board/s Member	RM 10,000.00 (per board)	-	
Life Associate Member	RM 5,000.00	-	

¹ This is opened to those who have completed the didactic components of required accredited professional courses

² Membership criteria: at least one team member to be holding the GPL or conditional GPL



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SPECIALIST BOARD CERTIFIED MEMBERSHIP

SPECIALIST BOARD MEMBERSHIPS	PLEASE TICK (✓)
Addiction Therapist	
Adult Psychologist	
Anti-Aging Therapist	
Art Therapist	
Child Psychologist	
Clinical Psychologist	
Cognitive Behavioural Therapist	
Corporate Mediator	
Counselling Psychotherapist	
Educational Psychologist	
Emotion Focused Therapist	
Family Therapist	
Hypnotherapist	
Life Coaches	
Marital & Couple Therapist	
Music Therapist	
NLP Therapist	
Play Therapist	
Psycho-nutritional Therapist	
Sandplay Therapist	
Sex Therapist	

METHOD OF PAYMENT (*tick (✓) where applicable)

() Cash



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() Cheque No :Payable to “**MALAYSIAN ASSOCIATION OF PSYCHOTHERAPY**”

() Telegraphic Transfer:

Bank :Maybank

Add : 1&3, Jalan Desa, Taman Desa, 58100, Kuala Lumpur

Acc No: 514114114392

Swift Code: MBBEMYKL

Subject to the approval of the management committee,

Isincerely wish to join as a member of MALAYSIAN ASSOCIATION OF PSYCHOTHERAPY and do hereby agree to abide the rules and regulations of the Association.

SIGNATURE:

DATE:

Proposed by : _____

Seconded by: _____

Name:

Name:

Registration No:

Registration No:

* Kindly furnish the following:-

(a) Photocopy of IC / Passport;

(b) Photocopy of other membership related

(c) Photocopy of reference letter or certificate confirming status

OFFICE USE ONLY

APPROVAL STATUS : APPROVED () / NOT APPROVED () / KIV ()

Commencement Date : _____ Membership No : _____

Registration Fees Received : _____ Annual Fees : _____

Other Comments : _____

AUTHORISED AND APPROVED BY:

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*please submit the form together with the proof of payment to info@psychology.com.my