

MEMBERSHIP APPLICATION FORM

Name :

NRIC No / Passport No : Sex:..... Age:.....

Nationality :

Address :

Qualification :

Telephone :(H).....(O).....(H/P)

Person To Contact (Other Than The Applicant) :

Email : Tel No :

Other Membership Of Related Field & Position Held:.....

MEMBERSHIP CATEGORY

Main Membership

		<u>Entrance Fee</u>		<u>Annual fee</u>
1. Registered Practitioner Member	()	RM 100.00	()	RM 200.00
2. Associate Member	()	RM 200.00	()	RM 400.00

Divisions Membership :-

a) Coaching Division :-				
Practitioner Member	()	RM 100.00	()	RM 100.00
Associate Member	()	RM 100.00	()	RM 100.00
b) NLP Division :-				
Practitioner Member	()	RM 100.00	()	RM 100.00
Associate Member	()	RM 100.00	()	RM 100.00
c) Hypnotherapy Division :-				
Practitioner Member	()	RM 100.00	()	RM 100.00
Associate Member	()	RM 100.00	()	RM 100.00
d) Psycho Nutrition & Anti-Aging Therapy Division :-				
Practitioner Member	()	RM 100.00	()	RM 100.00
Associate Member	()	RM 100.00	()	RM 100.00
e) Organizational Psychology Division :-				
Practitioner Member	()	RM 100.00	()	RM 100.00
Associate Member	()	RM 100.00	()	RM 100.00
f) Educational & Child Psychology Division :-				
Practitioner Member	()	RM 100.00	()	RM 100.00
Associate Member	()	RM 100.00	()	RM 100.00
g) Couple & Family Therapy Division:-				
Practitioner Member	()	RM 100.00	()	RM 100.00
Associate Member	()	RM 100.00	()	RM 100.00



METHOD OF PAYMENT

*tick (√) where applicable

- () Cash
- () Cheque No :Payable To “**Malaysian Psychotherapy Association**”
- () Credit Card No :
- Name On The Card :
- Visa () Master () Expiry Date:

Signature:

Subject to the approval of the management committee,
Isincerely wish to join as a member of
MALAYSIAN PSYCHOTHERAPY ASSOCIATION and do hereby agree to abide the rules and
regulations of the Association.

Signature: Date:

Name:

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 :-

.....

(Under authority of the Management Committee)