



MALAYSIAN PSYCHOTHERAPY ASSOCIATION (ROS No. 1741)

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

MEMBERSHIP RENEWAL FORM FOR YEAR _____

NAME :

NRIC NO / PASSPORT NO : SEX:..... AGE:.....

NATIONALITY :

ADDRESS :

MEMBERSHIP NUM :

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

PERSON TO CONTACT (other than the applicant) :

Tel No :

OTHER MEMBERSHIP OF RELATED FIELD & POSITION HELD:.....

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MEMBERSHIP CATEGORY

	Ordinary Members	Associate Practitioners Members
Annual Fee	RM 200.00 ()	Level 1 RM 400.00 ()
		Level 2 RM 400.00 ()
		Level 3 RM 400.00 ()
		Level 4 RM 400.00 ()
		Level 5 RM 400.00 ()

METHOD OF PAYMENT

- () CASH
- () CHEQUE NO :Payable to "MALAYSIAN ASSOCIATION OF PSYCHOTHERAPY"
- () DIRECT ACCOUNT TRANSFER : MBB 514114114392

SIGNATURE:..... **tick (/) where applicable*

DATE: