



MEMBERSHIP APPLICATION

Name :
NRIC No / Passport No : Sex:..... Age:.....
Nationality :
Address :
Qualifications :
Telephone : (H) (O)..... (H/P).....
Email :
Other Membership Of Related Field & Position Held:.....
Company Name :

MEMBERSHIP CATEGORY

Table with 3 columns: Membership Category, Entrance Fee, Annual Fee. Rows include Certified Member, Ordinary Member, Associate Member.

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

- () Bank transfer to International Psychology Centre Sdn. Bhd., MAYBANK 514114442749
() Cheque No..... Payable to "INTERNATIONAL PSYCHOLOGY CENTRE Sdn. Bhd."
() Credit/ debit card payment option: Please tick this option and email completed form to info@Psychology.com.my and we will email to you the paypal invoice for you to pay with your credit/ debit card.

Signature:



Eye Movement Desensitization and Reprocessing
Association Malaysia

EYE MOVEMENT DESENSITIZATION AND REPROCESSING
ASSOCIATION MALAYSIA (EMDRAM)
(PPM-003-14-28072020)

Subject to the approval of the management committee,

Isincerely wish to join as a member of EYE MOVEMENT
DESENSITIZATION AND REPROCESSING ASSOCIATION MALAYSIA 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:

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