



Eye Movement Desensitization and Reprocessing  
Association Malaysia

**PERSATUAN TERAPI DESENSITASI DAN PEMROSESAN SEMULA  
PERGERAKAN MATA MALAYSIA (EYE MOVEMENT  
DESENSITISATION AND REPROCESSING ASSOCIATION MALAYSIA)  
(EMDRAM)  
(PPM-003-14-28072020)**

**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**

	<u>Entrance Fee</u>	<u>Annual Fee</u>
Certified Member	RM10.00	RM400.00
Ordinary Member	RM10.00	RM400.00
Associate Member	RM10.00	RM250.00

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

( ) Cash

( ) Cheque No : .....Payable to "INTERNATIONAL PSYCHOLOGY CENTRE"

( ) Credit Card No : .....

Name On The Card : .....

Visa ( ) Master ( ) Expiry Date : .....

3-Digit Security Code Number : .....

Signature: .....



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

Subject to the approval of the management committee,

I .....sincerely 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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