



**PERSATUAN KESIHATAN MENTAL MALAYSIA**

**Malaysian Mental Health Association 馬**

**來西亞精神健康協會 மலேசிய**

**மனநலச் சங்கம்**

Registration No: 403 (SELANGOR). Tax Exemption Permit No:8278

TTDI Plaza, Block A Unit 2-8. Jalan Wan Kadir 3, Taman Tun Dr. Ismail, 60000, Kuala Lumpur.

Tel: 03 - 2780 6803 / 03 - 2780 6804 Email: admin@mmha.org.my Website:

www.mmha.org.my



### **APPLICATION FOR MEMBERSHIP (Revised 2023)**

I wish to apply for Membership with your Association and I undertake to observe the Rules and Constitution of the Association. I am a Malaysian Citizen and over 18 years old and my personal particulars are as follows: -

Name: Dr/Mr/Mrs/Miss \_\_\_\_\_ [  ]Male [  ]Female

NRIC No. \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Correspondent Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax : \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to offer my service as follows (if relevant): \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

### **Fees/Subscription**

Please tick which is applicable and forward the remittance with your application

Full Member	[ <input type="checkbox"/> ]	Subscription (for 2 years)	RM 50.00
Life Member	[ <input type="checkbox"/> ]	Subscription (one-time)	RM 200.00
Affiliate Member (Association/Organisation/Company)	[ <input type="checkbox"/> ]	Subscription (for 10 years)	RM 3,000.00
Associate Member (For non-Malaysian)	[ <input type="checkbox"/> ]	Subscription (for 2 years)	RM 100.00

Proposed by

Seconded by

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(N.B) Rule 4.3 in the Rules & Constitution: "4.3.1 Every application for membership shall be proposed and seconded by two existing Full Member ..." Leave blank if you do not know of any proposer or seconder.  
The secretariat will arrange for you.