



PERSATUAN KESIHATAN MENTAL MALAYSIA
Malaysian Mental Health Association
馬來西亞精神健康協會

Registration No. 403 (Selangor).

No. 8, Jalan 4/33, Off Jalan Othman, 46780 Petaling Jaya, Selangor, Darul Ehsan
 Tel: 03-77825499 Fax: 03-77835432 E-mail: admin@mmha.org.my , Website : <http://www.mmha.org.my>

APPLICATION FOR MEMBERSHIP (Revised 2014)

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: _____

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Fees : Please tick whichever 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	[<input type="checkbox"/>]	Subscription (for 10 years)	RM 500.00
<i>(For Association/Organisation/Company)</i>			
Associate Member	[<input type="checkbox"/>]	Subscription (for 2 years)	RM 100.00
<i>(For non-Malaysian)</i>			

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.