

5-11, The Boulevard, Mid Valley City, Lingkaran Syed Putra, 59200 Kuala Lumpur, MALAYSIA Tel: +603 2287 0506 Fax: +603 2287 7513

E-mail: membership@mapm.org.my www.mapm.org.my

APPLICATION FOR MEMBERSHIP Please tick appropriate boxes ☐ Student Member ☐ Ordinary Member Photo □ New Member □ ☐ Renewing Member **PERSONAL DETAILS** Name: Address: State: Postcode: Mobile: Home: Email: **EMPLOYMENT DETAILS:** Company Name: Position: Address: Postcode: State: Mobile: Office: Email:

HIGHEST ACADEMIC QUALIFICATION

Institution:				
Program: Certificate []	Diploma []	Bachelor []	Master []	Doctorate []
Major / Minor:				
Year:				
PROFESSIONAL QUA	LIFICATION /	'S		
Institution:				
Qualification Description	1:			
Area of Expertise:				
Year:				
Institution:				
Qualification Description	1:			
Area of Expertise:				
Year:				
Institution:				
Qualification Description	1:			
Area of Expertise:				
Year:				

MEMBERSHIP RATES	
Membership rates: Annual	fees are based on the calendar year
☐ Student – RM 120	per year
D. Oudin our D.M. O.M.	
☐ Ordinary – RM 24	Diper year
By signing below I Malaysian Associa bound I	hereby apply to become a member of the ation of Project Management. I agree to be by the rules of the Association.
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email us at: membership@mapm.org.my