

MEMBERSHIP APPLICATION FORM (A1)

Please read the information attached before completing this form. Please use block letters.

Please circle appropriate Membership Category: Ordinary Member

Kindly tick the boxes that correspond with the details you consent to be uploaded on the MASH website.

Name to be in the directory First Name : Last/ family name:	Date of birth:
Citizenship <input type="checkbox"/> Malaysian <input type="checkbox"/> Other. Please specify:	I/C or Passport No.:
Office Address (Please include company name if any) <input type="checkbox"/>	Office Tel. /Fax No.:
	Mobile phone no.:
	e-mail address:
Home address <input type="checkbox"/>	Home Tel. No.
	Personal e-mail address:

QUALIFICATIONS

Qualifications	University	Year of Graduation	Duration
			1 year
			1 year
			1 year

CURRENT EMPLOYMENT DETAILS

Employment Address:	
Department:	Position:

Please tick all the areas that apply

MAIN WORK ACTIVITY

- Mixed Caseload
 Adult Speech Pathology/Audiology
 Paediatric Speech Pathology/Audiology
 Administration
 Tertiary Education
 Research

EMPLOYMENT STATUS

- Permanent Full Time or equivalent
 Temporary Full Time or equivalent
 Full Time Private Practice
 Permanent Part Time or equivalent
 Temporary Part Time or equivalent
 Part Time / Sessional Private Practice

AFFILIATION

Are you a member of any other professional body related / non-related to Speech-Language Pathology and Audiology?
If yes, please state.

- No
 Yes, Please specify:

APPLICATION SPONSORSHIP

	Sponsored by	Seconded by
Name		
Membership No		
Signature		
Date		

PAYMENT DETAILS

I enclose my Cheque for RM (Receipt ref. no.)

I hereby apply for admission to The Malaysian Association of Speech-Language and Hearing as an Ordinary member

I declare the enclosed information to be a true and accurate record.

Signature:

Date:

FOR OFFICE USE ONLY:

Date Received	Receipt No.	Membership No.
Date Acknowledged :		Notes
Date Accepted by Executive Committee:		