

A. PERSONAL PARTICULARS

FULL NAME: _____
 DOB (day/month/year): _____ CITIZENSHIP : _____
 IC / PASSPORT NO : _____ PLACE OF ISSUE: _____
 DATE OF ISSUE : _____

B. CONTACT INFORMATION

OFFICE : _____ MOBILE : _____
 FAX : _____
 EMAIL : _____
 WWW : _____
 ADDRESS: _____

C. PROFESSIONAL QUALIFICATION

QUALIFICATIONS	COLLEGE / UNIVERSITY ATTENDED	YEAR Graduated
CERTIFIED PROFESSIONAL COURSE/TRAINING/OTHER EQUIVALENT EXAM:		PROFESSIONAL REGISTRATION LICENSE NO:

D. BUSINESS (Attach Business Card, if any)

NAME OF COMPANY / ASSOCIATIONS: _____
 OFFICE ADDRESS: _____

 DESIGNATION: _____
 DATE OF INCORPORATION: _____
 NATURE OF BUSINESS: _____
 WWW : _____

In submitting this Membership Application, I certify that the above information is correct and complete and do hereby agree to abide by the T.O.S. (Terms of Service)
 Please email to info@ample.org.my

Sign: _____ Stamp: _____ Date: _____

CATEGORY	Annual Fee (RM)
Student Member	50
Ordinary Member	100
Associate Member	200
Corporates/ Associations	1000
Admission Fee	100
(One-off payment for all categories of membership, except Student)	
MEMBERSHIP CRITERIA	
<ul style="list-style-type: none"> * Student - 18 years above, studying in a tertiary college/university * Ordinary - Malaysian origin who resides in Malaysia * Associate - Foreign origin residing in Malaysia or Malaysian resides overseas 	
PROPOSAL/ RECOMMENDATION	
PROPOSER	
NAME:	
SIGNATURE:	
MEMBERSHIP NO:	
DATE:	
SECONDER	
NAME:	
SIGNATURE:	
MEMBERSHIP NO:	
DATE:	
<p>We the above signed being an Ordinary member of AMPLE do from our personal knowledge of the above applicant propose and recommend his/her as a person to be accepted as Ordinary/Associate/Student member of AMPLE.</p>	
OFFICE USE ONLY	
Membership No.:	
Effective Date of Membership:	