



IPRM EDUCATORS' CHAPTER  
11th Floor,  
West Wing, Wisma Sime Darby,  
Jalan Raja Laut,  
50350 Kuala Lumpur  
Tel: +603 – 2691 5062  
Fax: +603 – 2692 5064

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**APPLICATION FORM FOR IPRM EDUCATORS' CHAPTER**

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**PART A – TO BE COMPLETED BY THE APPLICANT**

Full name:	
Position:	
Name of Department (Address):	
Year of Service in university or college:	
IPRM Membership No.(If available):	
Email:	
Office Phone No.:	
Handphone No.:	
Interest & Commitment:	Please tick your interests
a. Research	.....
b. Consultancy	.....
c. Training	.....
d. Publication	.....
e. Conference/Workshop	.....
f. Others	.....

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**Declaration by the Applicant**

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I hereby proclaim that all information given above is accurate..

Date

Signature

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**PART B - COMPLETED BY THE CHAIRPERSON OF IPRM EDUCATION COMMITTEE**

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This application is:

Recommended

Not Recommended

Types of Membership:

Member

Affiliate Member

Remarks:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

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**FOR OFFICE USE**

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Date Approved:	Expiry Date:
Membership No.:	