



IPRM EDUCATORS' CHAPTER
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APPLICATION FORM FOR IPRM EDUCATORS' CHAPTER

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

Declaration by the Applicant

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

Date

Signature

PART B - COMPLETED BY THE CHAIRPERSON OF IPRM EDUCATION COMMITTEE

This application is:

Recommended

Not Recommended

Types of Membership:

Member

Affiliate Member

Remarks:

Date

Signature

FOR OFFICE USE

Date Approved:	Expiry Date:
Membership No.:	