

**CORPORATE MEMBERSHIP APPLICATION  
CORPORATE INFORMATION**

MEMBERSHIP NO.:

<b>COMPANY NAME:</b>	<b>COMPANY NO.:</b>
<b>COMPANY ADDRESS:</b>	
<b>POSTCODE:</b>	
<b>TEL. NO.:</b>	<b>FAX NO.:</b>
<b>EMAIL ADDRESS:</b>	
<b>URL:</b>	
<b>NATURE OF BUSINESS:</b>	

MEMBERSHIP WITH OTHER PROFESSIONAL ASSOCIATIONS

ASSOCIATIONS	YEAR JOINED
1.	
2.	
3.	
4.	

**CORPORATE CONTACT PERSON**

<b>FULL NAME:</b>	<b>GENDER:</b>
<b>DESIGNATION:</b>	<b>DATE OF BIRTH:</b>
<b>DEPT.:</b>	<b>NATIONALITY:</b>
<b>N.R.I.C. NO.:</b>	
<b>HOME ADDRESS:</b>	
<b>POSTCODE:</b>	<b>HOME TEL. NO.:</b>
<b>EMAIL ADDRESS:</b>	
<b>H/P NO.:</b>	

**QUALIFICATION OF CONTACT PERSON**

ACADEMIC/PROFESSIONAL QUALIFICATIONS

QUALIFICATIONS (IPRM CERTIFICATE, IPRM DIPLOMA, DEGREE, MBA, PhD, etc)
1.
2.
3.
4.

**CERTIFICATION (to be completed by the applicant)**

I hereby submit my application for admission to the Institute of Public Relations Malaysia. The registration fee (non-returnable) of RM100, subscription on RM2,000 and two copies of my photograph (passport size) are enclosed.

I certify that the statements made in this application are correct, and agree to submit any further evidence, which may be called for in support of this application. If required, I will attend the interview called for by the Membership Committee. I also agreed to abide by the decision of the Council.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**REFERENCE (to be completed on behalf of the applicant)**

I have read the statement made by the applicant, which are to the best of my knowledge and belief, correct. I am prepared to assist the Membership Committee or Council of the Institute in respect of the applicant as far as I am able. I have known the applicant for \_\_\_\_\_ years. I am of the view and consider that his/her qualifications warrant consideration by the Membership Committee and by the Council.

I vouch for the good character and general suitability of the applicant.

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Name of Organisation: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Home Tel. No.: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR INSTITUTE USE ONLY**

Application form, registration fee, subscription (RM 2,100.00)  
 and photographs received on .....

Application acknowledged on .....

Submitted to Council on .....

Type of Member .....

Applicant informed on .....

Membership certificate issued on .....

Status Upgraded on .....

Life members: Yes / No .....