



**TYPE OF MEMBERSHIP:**

Honorary   
  Institutional Partner   
  Life   
  Institutional Member   
  Individual   
  Associate

**1. PERSONAL PARTICULARS (For Individual / Associate Membership Only):**

Name:.....

Preferred Title (Mr / Mrs / Dr. /Dato’/ Datin /etc):.....

Home Address:.....

.....

..... Postcode:.....

Tel. No. (Home):..... (Office):.....

Fax No. :..... (e-mail):.....

Date of Birth:..... Sex:     Male             Female

Nationality:..... I.C. No.:.....

**2. PRESENT EMPLOYMENT (For Individual / Associate Membership Only):**

Position:.....

Organisation:.....

Office Address:.....

.....

Postcode:..... Town/District.....

**3. ORGANISATION INFORMATION (For Institutional Membership/Partner Only):**

Name of Organisation:.....

Permanent Address:.....

.....

Postcode:..... Town/District.....

Postal Address:.....

.....

Postcode:..... Town/District.....

Tel. No.: ..... Fax No.: ..... e-mail:.....

Nature of Business:.....

Name of Representative:.....

**4. TYPE OF ORGANISATION (please tick relevant boxes)**

Government	<input type="checkbox"/>	Institution of Higher Learning	<input type="checkbox"/>	Contracting	<input type="checkbox"/>	Manufacturing/Supplies	<input type="checkbox"/>
Consulting	<input type="checkbox"/>	Research & Development	<input type="checkbox"/>	Service	<input type="checkbox"/>	Others (please specify) .....	

**Mailing Address:**  Home  Office

**5. PROPOSER AND SECONDER:**

Name of Proposer:.....

Membership No.:..... Date:..... Signature:.....

Name of Seconder:.....

Membership No.:..... Date:..... Signature:.....

**6. ENTRANCE MEMBERSHIP FEES/SUBCRIPTIONS:**

Honorary /Institutional Partner	<u>LIFE</u>		Institutional Member	Individual	Associate
	<u>Individual</u>	<u>Institutional member</u>			
Entrance: - exempted	RM 220.00	RM2020.00	RM 100.00	RM 20.00	RM 20.00
Annual : - exempted	exempted	exempted	RM 100.00	RM 20.00	RM 20.00

Signature:.....

Date: .....

**FOR OFFICE USE ONLY**

Date Received: ..... Application Approved/Declined by Executive Committee

.....  
Chairman Secretary/Treasurer

**Membership No:**

HON:..... LIFE:..... INS:..... IND:..... ASSC:.....

Date:.....

**7. TERTIARY EDUCATION**

DEGREE/DIPLOMA OBTAINED	UNIVERSITY/INSTITUTION	YEAR

**8. PRACTICAL EXPERIENCE AND AREA OF INTEREST**

SUBJECT	TICK AREA OF INVOLVEMENT						AREA OF INTEREST	NO. OF PAPERS PUBLISHED
	A	B	C	D	E	F		

**Note:**

**A** – Education/Training

**B** - Research & Development

**C** – Planning

**D** – Construction/Construction Supervision

**E** – Operation & Maintenance

**F** - Management

**I/WE WOULD BE INTERESTED IN PROJECTS/PROGRAMMES INVOLVING**

- Networking among members                     
  Career development                     
  Community  
 Environmental monitoring and related matters                     
  Others (please specify) .....

Other Comments:.....  
 .....  
 .....

I give my consent to MyWP to use the information given above to be made available to all members through MyWP Membership Directory

Completed Form should be forwarded to:

**MyWP Secretariat  
 c/o SMHB Sdn. Bhd.  
 No. 38, Jalan 1/76D,  
 55100 Kuala Lumpur**