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| **APPLICATION FOR RENEWAL OF MEMBERSHIP** | | | | | | | | | | | | | | | | | | | | |
| **PARTICULARS OF MEMBER** (*update where necessary*) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | : |  | | | | | | | | | | | | | | |
| TITLE | | | | | : |  | | | | | NRIC/PASSPORT NO. | | | | | : |  | | | |
| DATE OF BIRTH | | | | | : |  | | | | | AGE | | | | | : |  | | | |
| CORRESPONDENCE ADDRESS | | | | | : |  | | | | | | | | | | | | | | |
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| MOBILE PHONE NO. | | | | | : |  | | | | | HOUSE PHONE NO. | | | | | : |  | | | |
| EMAIL ADDRESS | | | | | : |  | | | | | | | | | | | | | | |
| IMM MEMBERSHIP NO. | | | | | : |  | | | | |  | | | | | | |  |  | |
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| **CURRENT JOB INFORMATION** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| NAME OF COMPANY | | | | | : |  | | | | | | | | | | | | | | |
| DESIGNATION/POSITION | | | | | : |  | | | | | | | | | | | | | | |
| ADDRESS OF COMPANY | | | | | : |  | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | |
| OFFICE PHONE NO. | | | | | : |  | | | | | OFFICE FAX NO. | | | | | : |  | | | |
|  | | | | |  |  | | | | |  | | | | |  |  | | | |
| **MEMBERSHIP SUBSCRIPTION AND PAYMENT** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| GRADE (Thick the appropriate box) | | | | | | | SUBSCRIPTION PERIOD | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | Fellow (F.I.M.M) | | | | |  | 1-year | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | Professional (M.I.M.M) | | | | |  | More than 1-year, please state | | | | | | | | : |  | | | years |
|  | | | | | | | | | | | | | | | |  | | | | |
|  | | Associate (A.M.I.M.M) | | | | | Amount paid | | | | | : |  | | |  | | | | |
|  | |  | | | | |  | | | | | | | | |  |  | | | |
|  | | Company | | | | |  | | | | | | | | |  |  | | | |
|  | |  | | | | |  | | | | | | | | |  |  | | | |
|  | | Ordinary | | | | |  | | | | | | | | |  |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **MEMBERSHIP ANNUAL SUBSCRIPTION FEES SCHEDULE** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Description** | **Amount (RM)** | | | | | | **Fellow**  (F.I.M.M.) | **Professional**  (M.I.M.M.) | **Associate**  (A.M.I.M.M.) | **Company** | **Ordinary** | | **Annual Subscription** | 150.00 | 100.00 | 80.00 | 200.00 | 40.00 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **PAYMENT** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Payment can be made by cheque, telegraphic transfer, bank draft, cash deposit machine or via online/internet banking as follows:   |  |  |  | | --- | --- | --- | | Account Name | : | Institute of Materials, Malaysia | | Account | : | 8009055156 | | Bank | : | CIMB | | Swift Code | : | CIBBMYKL | | | | | | | | | | | | | | | | | | | | | |
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| **SUBMISSION OF DOCUMENTS** | | | | | | | | | | | | | | | | | | | | |
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| Send your completed form together with the proof of payment either via email to **secretariat@iomm.org.my** or WhatsApp to **018- 9113480** or send by courier/post to:  The Secretariat  Institute of Materials, Malaysia  Suite 515, Block A, Kelana Centre Point  No.3, Jalan SS3/17, Kelana Jaya  47301 Petaling Jaya, Selangor | | | | | | | | | | | | | | | | | | | | |
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| **FOR OFFICE USE** | | | | | | | | | | | | | | | | | | | | |
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|  | Reviewed by, | | | | | | | |  |  | | | | | | | | | | |
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