

MEMBERSHIP APPLICATION FORM

Application Date :

1. PERSONAL PARTICULARS

Name of Applicant :

Home Address :

NRIC NO : Gender :

Contact No : H/P Home No :

Email Adresss : Introducer :

2. COMPANY PARTICULARS

Company Name:

Company Type : Reg No :
(Sole Proprietor /Partnership , Others)

Company License No: Expiry Date :

Company Address :

Office Contact No : Fax No :

Company Email :

3. COMPANY CONTACT PERSON

Name :

Designation : Contact No :

Mobile No for "Whats Ap" Registration :

(Note : Whats Ap registration is used for comunication between members)

I hereby agree that all information provided above is true & hereby agree to abide all rules & regulations of MPLMA.

Signature : Date :

4. FOR OFFICE USE ONLY

Application received by :

Date of Receive : Approval Status :

Approved by : Approval Date :

Remarks : Membership No :