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| **MEMBERSHIP APPLICATION FORM** | | | | |
|  | | | | Member ID: (office use only) |
| **APPLICANTS'S INFORMATION** | | | | |
| Salutation: □ Prof. □ A/Prof. □ Dr. □ Mr. □ Ms. □ Mdm. | | | | |
| Last Name | | First Name | | |
| Gender   * Male □ Female | | Passport Number | | |
| Date of Birth (YY/MM/DD) | | Nationality | | |
| Occupation | | Position | | |
| Residential Address | | | | |
| Mailing Address | | | | |
| Phone | | Fax | | |
| Email | | Academic Qualification | | |
| Experience | | | | |
| Research Areas of Interest | | | | |
| Specialty | | | | |
| Name of Reference | | | | |
| Applicant's Signature | | | Date (YY/MM/DD) | |