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|  | 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) |