



SELANGOR MENTAL HEALTH ASSOCIATION
Persatuan Kesihatan Mental Selangor

PERSATUAN KESIHATAN MENTAL SELANGOR Selangor Mental Health Association

Registration No: PPM-012-10-03052019.

No.17, Jalan Anak Gasing 6/5 Seksyen 6, 46000 Petaling Jaya Selangor Website: <http://www.smha.org.my/>

APPLICATION FOR MEMBERSHIP

I wish to apply for Membership with your Association, and I undertake to observe the Rules and Constitution of the Association. I am a Malaysian Citizen and over 18 years old and my personal particulars are as follows: -

Name: Dr/Mr./Mrs./Miss :

Male Female

NRIC No : Age:

Date of Birth : Place of Birth:

Correspondent Address :

Postcode :

Tel No : Fax :

Profession/Occupation :

Email :

I wish to offer my service as follows (if relevant)

Date: Signature of Applicant:

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Fees: Please tick whichever is applicable and forward the remittance with your application, or pay direct to **Selangor Mental Health Association**, A/C NO. _____ and attach bank-in statement with application.

Full Member	<input type="checkbox"/>	Subscription (for 2 years)	RM 50.00
Life Member	<input type="checkbox"/>	Subscription (one-time)	RM 200.00
Affiliate Member (For Association/Organization/Company)	<input type="checkbox"/>	Subscription (for 10 years)	RM 500.00
Associate Member (For non-Malaysian)	<input type="checkbox"/>	Subscription (for 2 years)	RM 100.00

Proposed by

Seconded by

Name :

Signature :