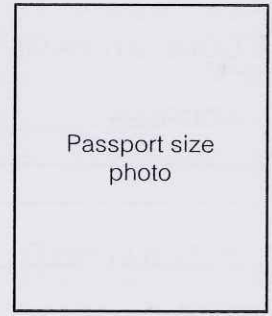




**PERSATUAN PENGAMAL-PENGAMALOPTIK MALAYSIA
THE MALAYSIAN ASSOCIATION OF PRACTISING OPTICIANS**

馬來西亞驗光配鏡師公會

PPM - 003 - 14 - 05021985



MEMBERSHIP APPLICATION FORM

MEMBERSHIP NO: _____

PERSONAL DETAILS :

THIS SECTION MUST BE COMPLETED IN BLOCK LETTERS

FULL NAME : _____ OTHER NAME : _____

UNDERLINE SURNAME (as in NRIC) :

OLD NRIC : _____ Blue () Red () Other () CHINESE CHARACTER : _____

* **NEW NRIC** : _____

NATIONALITY : _____ RACE : _____ SEX : _____

DATE OF BIRTH : _____ PLACE OF BIRTH : _____ AGE : _____

OFFICE/BUSINESS ADDRESS : _____

TOWN/STATE : _____ POST CODE : _____

TEL : _____ FAX : _____

HOUSE ADDRESS : _____

TOWN/STATE : _____ POST CODE : _____ TEL : _____

EMAIL ADDRESS : _____ HANDPHONE : _____

* **OPTICAL QUALIFICATIONS :**

1. _____
2. _____
3. _____

* **JURUOPTIK REGISTRATION NUMBER**

1. BLUE CERTIFICATE _____
2. PINK CERTIFICATE _____

MEMBER OF OTHER OPTICAL ASSOCIATIONS :

1. _____
2. _____

*** ENCLOSE RELEVANT PHOTOCOPY DOCUMENTS AND PAYMENT TO :**

THE MALAYSIAN ASSOCIATION OF PRACTISING OPTICIANS

Suite 12B-10, Tingkat 12B, Wisma Zelan
1 Jalan Tasik Permaisuri 2, Bandar Tun Razak
56000 Kuala Lumpur, Malaysia
Tel : +603-9173 1770 Fax : +603-9173 8771

Email: secretariat@mapo.org.my Website: www.mapo.org.my

THIS SECTION MUST BE COMPLETED IN BLOCK LETTERS

APPRENTICESHIP AND EXPERIENCE IN REFRACTION AND CONTACT LENS FITTING

1. COMPANY NAME : _____ YEAR : _____ TO : _____

ADDRESS : _____

_____ TEL : _____ FAX : _____

POSITION HELD : _____ REFRACTION : YES / NO

CONTACT LENS FITTING : YES / NO

2. COMPANY NAME : _____ YEAR : _____ TO : _____

ADDRESS : _____

_____ TEL : _____ FAX : _____

POSITION HELD : _____ REFRACTION : YES / NO

CONTACT LENS FITTING : YES / NO

3. COMPANY NAME : _____ YEAR : _____ TO : _____

ADDRESS : _____

_____ TEL : _____ FAX : _____

POSITION HELD : _____ REFRACTION : YES / NO

CONTACT LENS FITTING : YES / NO

4. COMPANY NAME : _____ YEAR : _____ TO : _____

ADDRESS : _____

_____ TEL : _____ FAX : _____

POSITION HELD : _____ REFRACTION : YES / NO

CONTACT LENS FITTING : YES / NO

I, Mr/ Miss / Mdm, _____ the undersigned on being accepted as Ordinary / Associate / Student Member hereby declare that I agree and I undertake to perform and accept its Constitution and By-Laws as from time to time. I hereby declare that all the particulars stated in this form are true and correct.

Date : _____ 20 _____

Applicant's Signature

* I enclose herewith cheque / money order no.: _____ / cash the total sum of RM _____

1. Entrance fee for Ordinary / Associate Member
Entrance fee for Student Member

RM 250.00
RM 100.00

Please tick

2. Annual subscription fee for Ordinary / Associate Member
Annual subscription fee for Student Member

RM 72.00
RM 36.00

ALL PAYMENTS MUST BE MADE IN FAVOUR OF
"THE MALAYSIAN ASSOCIATION OF PRACTISING OPTICIANS"

MAYBANK A/C NO: 5647 6220 0259

PROPOSAL & SECONDER must be an Ordinary Member of MAPO.
(This section must be completed in **BLOCK LETTERS**)

Proposed by: Full Name : _____ Date : _____

Membership No : _____
Signature _____

Seconded by : Full Name : _____ Date : _____

Membership No : _____
Signature _____

I, Mr / Miss / Mdm _____ the proposer, hereby certify and vouch that all the particulars stated in this application form are true and correct.

Date : _____ 20 _____
Proposer's Signature _____

FOR OFFICE USE :

DATE RECEIVED : _____ RECEIPT NO : _____

REVIEWED BY : _____ EFFECTIVE DATE : _____

SECRETARY SIGNATURE: _____ JOINING STATUS : ORDINARY

PRESIDENT SIGNATURE : _____ ASSOCIATE

STUDENT

REMARKS : _____

