

**Persatuan Pengamal-Pengamal Optik Malaysia**  
**The Malaysian Association of Practising Opticians (MAPO)**

**MEMBERSHIP UPGRADE FORM**  
**(STUDENT member upgrade)**

Ordinary Membership is opened to a MAPO student member who is a graduate of FBDO or is registered Juruoptik with the Malaysian Optical Council (MOC), or who possess a MAPO Conversion Course. Apply to MAPO to have your **Student membership upgraded to Ordinary Membership** - top up by paying the difference between Student and Ordinary Member rates for Annual Subscription Fee and Entrance Fee\* ( **\* WAIVER UNTIL FURTHER NOTICE: RM150 TO ALL GRADUATE STUDENT MEMBERS WHO UPGRADE**).

Payment by cash/ online transfer/ cheque/ wang pos to THE MALAYSIAN ASSOCIATION OF PRACTISING OPTICIANS, 12B-10 Tingkat 12B Wisma Zelan, 1 Jalan Tasik Permaisuri 2, Bandar Tun Razak, Cheras, 56000 Kuala Lumpur, Malaysia [copy WhatsApp: +60 16-3320348; Fax: +603-91738771; Email: secretariat@ mapo.org.my].

	<u>Ordinary Member</u>	<u>Student Member</u>	<u>Pay Upgrade</u> [ Year _____ ]
Entrance Fee (one-off payment):	RM250	RM100	= ( * )
Subscription Fee (Annual):	RM72	RM36	= RM

**PERSONAL DETAILS: Please fill in all blanks in BLOCK LETTERS.**

**MAPO MEMBERSHIP NO:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **OTHER NAME:** \_\_\_\_\_

[Name as in NRIC]

**NEW NRIC:** \_\_\_\_\_ **OLD NRIC:** \_\_\_\_\_

**CORRESPONDENCE ADDRESS:** \_\_\_\_\_

[ if company, give name ]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**TEL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**QUALIFICATION** (Please tick): **Full FBDO**  **Juruoptik (blue) Certificate**  **Others**

**JURUOPTIK REGISTRATION NO:** **J-** \_\_\_\_\_

- ENC COPY:** [  ] *New NRIC / MyKAD*  
 [  ] *FBDO certificate(s)*  
 [  ] *Borang 8 – Perakuan Pendaftaran Penuh Juruoptik Akta Optik 1991*  
 [  ] *Kebenaran Mempreskripsi & Mendispens Kanta Oftalmik Sek 18(1)*  
 [  ] *Kebenaran Mempreskripsi & Mendispens Kanta Lekap Sek 30(1)(a)*  
 [  ] *Borang 14 – Perakuan Pengamalan Tahunan (APC annual renewal)*

I hereby declare that all the particulars stated in this form are true and correct.

**Enclosed are payment/bank receipt, copy of my identity card and certificates.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

For office use:

Date received:	Checked by:	Approved by:	Updated in records by:

**Maybank Account No: 5647 6220 0259**

For office use:

Date received:	Checked by:	Approved by:	Updated in records by:
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