**ASSOCIATE MEMBERSHIP APPLICATION FORM**

**Personal Information:**

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| NAME: | | |
| IC NO.: | PASSPORT NO.: | |
| DATE OF BIRTH: | PLACE OF BIRTH: | |
| GENDER: Male / Female | MARITAL STATUS: Single / Married | |
| ADDRESS: | | |
| HOUSE TEL. NO.: | | MOBILE NO.: |
| PERSONAL EMAIL: | | |

**Business Information:**

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| DESIGNATION: | |
| NAME OF COMPANY: | |
| REGISTRATION NO.: | |
| ADDRESS: | |
| TEL NO.: | FAX NO.: |
| EMAIL: | |
| WEBSITE: | |
| NAME OF PUBLICATION(s): | |
| CATEGORY OF MEDIA: Print / Broadcast / Online | |

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| APPLICANT’S SIGNATURE:  COMPANY STAMP (*If applicable*):  DATE: |
| ASSOCIATE MEMBERSHIP FEE: **RM144** two year subscription, auto-debit via bank account on renewal |

***Note:*** *New applicant for NUJ Associate Membership: Package include IFJ Press Card =* ***RM154 (2-Year Validity) + NUJ car sticker***

**For NUJ OFFICE USE**

|  |  |
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| PROPOSED BY:  SIGNATURE: | MEMBERSHIP NO.:  DATE: |
| APPROVED BY:  SIGNATURE: | MEMBERSHIP NO.:  DATE: |