**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: |