

FOR IMM USE ONLY

MEMBERSHIP NO.
DATE APPROVED

REMARKS

## INSTITUTE OF MARKETING MALAYSIA

(Patron: The Honourable Minister of International Trade and Industry.)

**PHOTO** 

## APPLICATION FOR INDIVIDUAL MEMBERSHIP

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(A) PER	SONAL	DETAILS					
NAME		:					
NRIC NO	RIC NO. : SEX : (M-Male / F-Female) RACE :						
MARITA	MARITAL STATUS : (S-Single / M-Married) DATE OF BIRTH :			(Date / Month / Year)			
HOME ADDRESS :							
HOME TELEPHONE NO. : MOBILE :							
EMAIL		:					
(B) PRE	SENT E	MPLOYME	NT DETAILS				
COMPA	NY NAMI	E :					
COMPA	COMPANY ADDRESS :						
OFFICE	OFFICE CONTACT NO. : OFFICE FAX NO. :						
COMPA	COMPANY SIZE : EMPLOYEES :						
NATURE	OF BUS	SINESS :					
DESIGN	DESIGNATION : Years at this position			From			
NUMBER	R OF ST	AFF REPO	RTING TO YOU:				
		XPERIEN( urrent and	CE one previous position)				
Year From	Year To		Name of Company	Position Held	Nature of Job		
TO WHOM DO YOU REPORT ?							
Name :			Position :				
Please d	escribe y	our job res	ponsibilities:				

## (D) QUALIFICATION DETAILS

	SSIONAL QUALIFICATIONS (State the	nignest qualification a		ciose documer	Year Awarded
Qualification	Discipline / Specialization		Institution		
PROFESSIONAL MEI	MBERSHIP:				
· ,	OF MEMBERSHIP: visit www.imm.org.my)	Ordinary	Associat	te	Student
(F) FEEDBACK (Ple	ase tick where applicable)	Category	Ordinary	Associate	Student
How did you come to know of IMM Membership?  Friends / Colleagues / Business  IMM Courses / Seminars / Events  Publications of IMM		Entrance Fee	RM 75	RM 60	-
		Annual Subscription	RM 100	RM 80	RM 50
<ul><li>☐ Newspapers</li><li>☐ Others : Pleas</li></ul>	e specify:				
☐ 10% - 20% Dis☐ Free IMM Publi☐ Discounted rate	d by IMM is attractive to you? count on Training Programmes cations e for social activities e specify:	-			
(G) HOBBIES (1)	(2)		(3)		
Golf Player: No	Yes: Handicap				
	NCE ADDRESS: Office (O) OR Home Address (H).	(PI	lease indicate w	vhether you w	rish your letters
(I) DECLARATION:					
abide by the decision of	bership of the Institute of Marketing Malaysi of the Institute as to my eligibility for an ap aws as well as the Code of Ethics of the In gory of membership.	propriate category of r	membership. If a	accepted, I agre	ee to abide by he
Signature of Applicant	:	Date:			

## Please send completed form and remittance to: INSTITUTE OF MARKETING MALAYSIA

1G-1ST FLOOR, BANGUNAN SKPPK, JALAN SS 9A/17, 47300 PETALING JAYA, SELANGOR DARUL EHSAN Tel: 03-78743089 / 78746726 Fax: 03-78763726 Email: imm.malaysia@gmail.com / Website: www.imm.org.my

Payment of membership fees via bank transfer can be made to our account as follows: INSTITUTE OF MARKETING MALAYSIA, A/C No. 2124-0600-0113-19

Bank: RHB Bank, SS2 Branch, Petaling Jaya, Selangor

or via JomPAY:



Biller Code: 20503

**Ref-1:** COMPANY / INDIVIDUAL NAME **Ref-2:** PAYMENT PURPOSE