



EXPERTISE RESOURCE ASSOCIATION

No. 68-3, Jalan PJU 8/5B, Damansara Perdana, 47820 Petaling Jaya, Selangor, Malaysia
Website: www.era.org.my Email: era@era.org.my

Membership Application Form

To: **Honorary Secretary**

I wish to apply for membership in the Expertise Resource Association. My particulars are:

1. Name in full * (as per IC or Passport):

_____ Gender (M/F): _____

2. Titles awarded (if any), e.g Tan Sri, Dato' , Datuk : _____

3. New I.C. No.*: _____ or Passport No. (foreigner only)*: _____

4. Contact/ Home Address*: _____

5. Tel: _____ 6. Mobile No.*: _____ 7. Email (private)*: _____

8. Present Position Held (if any): _____

Organization: _____

Instructions for completing the form: a. * Indicates that the data must be completed.
b. Complete all the details in full as incomplete application will be rejected.

Payment in full for LM / LAM / FM Membership is: RM _____

Membership Fee:	<u>Life Member (LM)</u>	<u>Life Associate Member (LAM)</u>	<u>Foreign Member (FM)</u>
a. Entrance:	RM 10.00	RM 10.00	RM 10.00
b. Membership (one-time)	<u>300.00</u>	<u>300.00</u>	<u>500.00</u>
Total	M310.00	M310.00	M510.00

Payment Instructions: Make payment to: Expertise Resource Association.

As a member, I shall abide by the Rules and Regulations of the Association. The Membership Committee reserves the right to approve or reject an application.

Date of Application (dd/mm/yyyy): _____ Signature of Applicant: _____

For Office Use Only

Full Name of Applicant with Title: _____

Membership No.: _____

Proposer Name / Signature: _____

Seconder Name / Signature: _____

Accepted and approved by the Membership Committee:

Rejected by Membership Committee:

Signature of Membership Committee Chairperson: _____ Date: _____

Remarks:

