



### COMPANY PARTICULARS

Company Name:	
Company Business Registration No.	
Company Address:	
Postcode:	City:
State:	Country:
Tel:	Fax:
Company Website:	

### TYPE OF COMPANY *(Please Tick ✓)*

<input type="checkbox"/>	Association
<input type="checkbox"/>	Education/Training Institution
<input type="checkbox"/>	Government Dept/Public Administration
<input type="checkbox"/>	Government-linked Companies
<input type="checkbox"/>	Local Large Organisation
<input type="checkbox"/>	Multi National Corporation (MNC)
<input type="checkbox"/>	Non-Profit Organisation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Small Medium Enterprise (SME)
<input type="checkbox"/>	

### ANNUAL SALES TURNOVER

RM
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### TYPE OF INDUSTRY *(Please Tick ✓)*

<input type="checkbox"/>	Banking/Finance	<input type="checkbox"/>	Logistic
<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Design/Architectural	<input type="checkbox"/>	Medical & Healthcare
<input type="checkbox"/>	Education/Training/Consulting	<input type="checkbox"/>	Media & Communication
<input type="checkbox"/>	Hotel/Restaurant	<input type="checkbox"/>	Oil & Gas
<input type="checkbox"/>	Institutions/NGO	<input type="checkbox"/>	Research & Development
<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Sales & Marketing
<input type="checkbox"/>	IT & Telecommunication	<input type="checkbox"/>	Tourism
<input type="checkbox"/>	Legal	<input type="checkbox"/>	Others

Others *(please specify)*: \_\_\_\_\_

### KEY CONTACT PERSONS

#### Senior Management

Designation:	
Company Tel:	Fax:
Mobile:	Email:

#### Human Resource / Training & Development Department

<b>1. Name:</b>	
Designation:	
Mobile:	Email:
<b>2. Name:</b>	
Designation:	
Mobile:	Email:

#### Person in charge for Billing Matters

<b>1. Name:</b>	
Designation:	
Mobile:	Email:
<b>2. Name:</b>	
Designation:	
Mobile:	Email:

### SUBSIDIARY COMPANY INFORMATION *(If any)*

<b>1. Company Name:</b>	
Name:	
Tel:	Email:
<b>2. Company Name:</b>	
Name:	
Tel:	Email:
<b>3. Company Name:</b>	
Name:	
Tel:	Email:
<b>4. Company Name:</b>	
Name:	
Tel:	Email:

**CORPORATE MEMBERSHIP FEES** (Please Tick ✓)

✓	No. of Employees	Entrance Fee	Annual Subscription Fee	Total* (For New Admission)
	Up to 500	RM 150	RM 300	<b>RM 450</b>
	501 to 1000	RM 150	RM 450	<b>RM 600</b>
	1001 to 1500	RM 150	RM 600	<b>RM 750</b>
	1501 to 2000	RM 150	RM 750	<b>RM 900</b>
	2001 and above	RM 150	RM 1000	<b>RM 1150</b>

**PAYMENT** (Please Tick ✓)

Online banking is available at your convenience.

Interbank Giro (IBG) / Cash Deposit

Bank **CIMB BANK**

Cheque (payable to : Malaysian Institute Of Human Resource Management)

Account No **8002324212**

Please email us at **membership@mihrm.com** together with your transaction slip indicating organization name, mobile no. so that we can identify your payment and issue you an official receipt.

**KEY REASONS FOR JOINING US** (Please Tick ✓)

For New Members, subscription fees are payable in full which includes entrance fee (one time payment) and Annual Subscription

Renewals are effective based on the **anniversary date**.

Upon acceptance of your application you will be notified to pay the first annual subscription.

For more information on Organization Membership category and benefits, kindly refer to our website.

Please visit us at : **www.mihrm.com**

<input type="checkbox"/>	To enhance the professional development of the employees
<input type="checkbox"/>	To improve the business networks for the company
<input type="checkbox"/>	Recognition in the professional community
<input type="checkbox"/>	Preferred choice of training provider
<input type="checkbox"/>	To attain further qualification through MIHRM courses
<input type="checkbox"/>	To enjoy MIHRM events and courses at preferred rates
<input type="checkbox"/>	Others (please specify)

I hereby declare that the statements made herein this application are true and correct to the best of my knowledge and belief. If granted membership, I undertake to abide by the Constitution and will Comply with the by-Laws, rules, policies and Code of Ethics of the Malaysian Institute Of Human Resource Management as they now exist and may hereafter be altered.

Malaysian Institute Of Human Resource Management (MIHRM) recognizes the importance of protecting my personal information and is committed to the compliance of the Personal Data Protection Act 2010.

Name & Signature