



Application of membership can be sent to secretariat@iommm.org.my

MEMBERSHIP APPLICATION

(Confidential)
 APPLICATION FOR ELECTION
 AS FELLOWMEMBER (F.I.M.M.)

**AFFIX
 PHOTO
 HERE
 (digital photo
 preferred)**

1. PERSONAL PARTICULARS

Title (.....).
 (First Name) (Last Name)

BLOCK LETTERS

Permanent Address.....

Postal Address.....

Telephone No: House:..... Office:.....

Handphone No: Email:

(Attention: Any changes of address, or employment must be notified promptly to the Institute)

Place of Birth:..... Date of Birth:

Age:Nationality:.....

Identity Card/Passport No:

2. STATEMENT BY THE PROPOSER AND SECONDER

(Proposer and Seconder are asked to verify the Applicant's statement as far as possible from their personal knowledge)

HAVING known the applicant for..... years, I recommended him, from knowledge, as in every respect worthy of the distinction of being elected as Associate Member of the Institute.

NAME OF PROPOSER:.....
 NAME OF PROPOSER
 (BLOCK LETTERS)

Grade: Fellow / Corporate Member Membership No:.....

Handphone No: Email:

Address:.....

Signature:..... Date:.....

NAME OF SECONDER:.....
 (BLOCK LETTERS)

Grade: Fellow / Corporate Member Membership No:.....

Handphone No: Email:

Address:.....

Signature:..... Date:.....

(NOTE: One of the above Corporate Members must be a FELLOW). We, the abovesigned Corporate members with the above recommendation from personal knowledge)

3. UNDERTAKING TO BE SIGNED BY APPLICANT (Please read carefully)

I, the undersigned, do hereby promise that, in the event of my election, I will be governed by the Rules and Regulations of the Institute for the time being in force, and that I will accept as final and binding the decisions of the Council on all matters dealt with by them in accordance with the provisions of the said Rules and Regulations; I further undertake that I will promote the objects of the Institute as far as may be in my power, provided that whenever I shall signify in writing to the Secretary that I am desirous of withdrawing from the Institute I shall, after the payment of any arrears, which may be due from me at the period, be free from the obligation. I accept responsibility for the accuracy of the particulars contained in this application form and agree that if I am elected the validity of my election shall depend upon the accuracy of such particulars as required by the Rules.

Date: Signature of APPLICANT:.....

4. **PRESENT POSITION**
 Name of Employer:.....
 Address:.....
 Position:..... Date of Appointment:.....
 Superior to whom responsible:.....
 IMM Membership No: (if any)..... Grade:.....
 Handphone No:..... Email:

5. **GENERAL EDUCATION**
(All certified photocopies of certificates attained for Higher Education after SPM to be provided with Application Form.)

Secondary Education School & Location	Examination Passed (e.g: SPM Grade / STPM Grade) Dates of Awards	

6. **ENGINEERING EDUCATION**

Universities / Institution of Higher Learning Degrees Obtained	Date of Awards	

7. **HONOURS, DECORATIONS AND AWARDS:**
(Membership of other engineering and scientific bodies.)

8. **RELEVANT COMMITTEE TO JOIN:** Publications / Corrosion / Welding / Polymer / Ceramics /
etc.:.....

9. **PLEASE STATE PARTICULARS OF PREVIOUS APPLICATION (if any)**
 Yes / No *
 * Reasons of leaving: Rejected / Unsuccessful / Resigned
 Year: Grade of Membership applied for:

10. **TOTAL PERIOD OF PRACTICAL TRAINING AND EXPERIENCE AFTER GRADUATION:**
 Institution / College / University:(1)..... Year:..... Month:.....
 (2)..... Year:..... Month:.....
 (3)..... Year:..... Month:.....

Signature of any two of the Corporate Members confirming these statements

Name and Signature

Name and Signature

11(ii) PROFESSIONAL EXPERIENCE: To avoid delay it is essential to use typescript. Information should be as brief and informative as possible.		
Date <i>i.e.</i> (months & year) relating to each appointment from	Statement of Training & Experience	Name, title and address of superior under whom served
	<i>Show concisely position held. Name of employer, location and description of each work</i>	
A	B	C

NOTE: The Institute does not accept responsibility for the loss of, or damage to, any ORIGINAL documents forwarded with this application.

NOTE:

Your proposer's and seconder's signatures are not necessary for soft copy submission. The IMM secretariat will contact your proposer and seconder for their comments. Please provide their email addresses in their signature columns. If you do not have any proposer and seconder, please submit your application form by not filling up this section. The IMM secretariat will refer to the Membership Committee for assistance.

IMM MEMBERSHIP FEES SCHEDULE

Description	Amount (RM)						
	Fellow (F.I.M.M.)	Professional (M.I.M.M.)	Associate (A.M.I.M.M.)	Company	Ordinary	Student	Ordinary/ Company for affiliates
Entrance Fee	-	-	-	50.00	20.00	10.00	40.00/ 50.00
Processing Fee	300.00	150.00	150.00	-	-	-	-
Transfer Fee	10.00	10.00	10.00	-	-	-	-
Annual Subscription	150.00	100.00	80.00	200.00	40.00	10.00	Nil

SUBMISSION OF APPLICATION & PAYMENT

I append:-

Please tick Electronic copies are preferred for items (1) to (5)

	(1) Identity card (for resident) or passport (for non-resident only)
	(2) Certificate(s) of qualification
	(3) Professional certificate(s)
	(4) Brief CV
	(5) Recent passport-size photograph(digital photo preferred)
	(6) Fees (registration fee + entrance fee or processing fee & transfer fee) of RM_____

PAYMENT NOTE

1) Payment can be made by cheque; telegraphic transfer & bank draft as follows:

Account Name: Institute of Materials, Malaysia
Account No: 8009055156
Swift Code: CIBBMYKL
Bank Name: CIMB BANK
Country: Malaysia

Cheque can be sent to **Suite 515, Level 5, Block A, Kelana Center Point (Lobby B), No.3, Jalan SS 7/19, Kelana Jaya, 47301 Petaling Jaya, Selangor** via post/mail or direct bank-in to the account mentioned above.

2) Payment can also be made by IBG, GIRO or Cash Deposit Machine (CDM) as follows:

Account Name: Institute of Materials, Malaysia
Account No: 8009055156
Bank Name: CIMB BANK

Please email your bank-in slip as your payment proof to secretariat@iommm.org.my

Please contact the IMM Secretariat office (secretariat@iommm.org.my) if you do not receive your IMM membership certificate (in electronic form via email) within 3 months of your submission of this form & payment.

FOR OFFICE USE ONLY:	
Reviewed by: Name & date:	Approved by: Name & date: