APPLICATION FOR MEMBERSHIP (STUDENT)

CUSTOMER PARTICULARS:

NAME		
	 	
FACULTY ADDRESS		
PERMANENT ADDRESS		
TEL. NO.	NATIONALITY	
IC. NO.	PASSPORT NO. (for foreigners)	
STUDENT ID. NO.		
E-MAIL:		
LEVEL OF STUDY:		
1.UNDERGRADUATE: DIPLOMA	DEGREE	
2. POSTGRADUATE: MASTER	☐ PhD	
3. OTHERS (please specify)		

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