



Registered address: Department of Irrigation and Drainage, Jalan Sultan Salahuddin, 50626 Kuala Lumpur, Malaysia

Correspondence address: Div. of Water Resources Management and Hydrology, DID Malaysia, Km 7 Jalan Ampang, 68000 Ampang, Kuala Lumpur
Telephone: 603-4289 5571 Facsimile: 603-4256 2682 e-mail: athirahlim@gmail.com

TYPE OF MEMBERSHIP:

Honorary Institutional Partner Life Institutional Member Individual Associate

1. PERSONAL PARTICULARS (For Individual / Associate Membership Only):

Name:.....

Preferred Title (Mr / Mrs / Dr. /Dato’/ Datin /etc):.....

Home Address:.....

.....

..... Postcode:.....

Tel. No. (Home):..... (Office):.....

Fax No. :..... (e-mail).....

Date of Birth:..... Sex: Male Female

Nationality:..... I.C. No.:.....

2. PRESENT EMPLOYMENT (For Individual / Associate Membership Only):

Position:.....

Organization:.....

Office Address:.....

.....

Postcode:..... Town/District.....

3. ORGANISATION INFORMATION (For Institutional Membership/Partner Only):

Name of Organisation:.....

Permanent Address:.....

Postcode:..... Town/District.....

Tel. No.: Fax No.: e-mail:.....

Nature of Business:.....

Name of Representative:.....

4. TYPE OF ORGANISATION (please tick relevant boxes)

Government	<input type="checkbox"/>	Institution of Higher Learning	<input type="checkbox"/>	Contracting	<input type="checkbox"/>	Manufacturing/Supplies	<input type="checkbox"/>
Consulting	<input type="checkbox"/>	Research & Development	<input type="checkbox"/>	Service	<input type="checkbox"/>	Others (please specify)	

Mailing Address: Home Office

5. ENTRANCE MEMBERSHIP FEES/SUBSCRIPTIONS:

Honorary /Institutional Partner	LIFE		Institutional Member	Individual	Associate
	Individual	Institutional member			
Entrance: - exempted	RM 20.00	RM20.00	RM 100.00	RM 20.00	RM 20.00
Annual : - exempted	exempted	exempted	RM 100.00	RM 20.00	RM 20.00
Membership fee:	RM 40.00	RM200.00			

Signature:.....

Date:

FOR OFFICE USE ONLY

Date Received: Application Approved/Declined by Executive Committee

.....
Chairman

.....
Secretary/Treasurer

Membership No:

HON:..... LIFE:..... INS:..... IND:..... ASSC:.....

Date:.....

6. TERTIARY EDUCATION

DEGREE/DIPLOMA OBTAINED	UNIVERSITY/INSTITUTION	YEAR

7. PRACTICAL EXPERIENCE AND AREA OF INTEREST

SUBJECT	TICK AREA OF INVOLVEMENT						AREA OF INTEREST	NO. OF PAPERS PUBLISHED
	A	B	C	D	E	F		

Note:

A – Education/Training

C – Planning

E – Operation & Maintenance

B - Research & Development

D – Construction/Construction Supervision

F - Management

I/WE WOULD BE INTERESTED IN PROJECTS/PROGRAMMES INVOLVING

- Networking among members
 Career development
 Community
 Environment and related issues
 Others (please specify)

Other Comments:.....

I give my consent to MyWP to use the information given above to be made available to all members through MyWP Membership Directory