Pertubuhan Pengamal Keselamatan Dan Kesihatan Pekerjaan Malaysia
Malaysian Occupational Safety & Health Practitioners' Association

Reg. No. PPM-012-14-05112014

MOSHPA

www.moshpa.my

APOSHO
Member

No.33-2 Jalan 109F, Plaza Danau 2,
Taman Danau Desa, Off Jalan Klang Lama,
58100 Kuala Lumpur
Tel: 03-79717591 Fax No: 03-79717591
E-mail: moshpamy@gmail.com

Attached Passport size photograph here

APPLICATION FOR MEMBERSHIP

I wish to apply for the ordinary membership with Malaysian Occupational Safety & Health Practitioners' Association.

PERSONAL PARTICULARS

a) Full Name

b) NRIC No.

c) Date of Birth _____ Place of Birth _____

d) Nationality _____ Race _____

e) Residential Address _____

_____

H/P No. _____ House Telephone No _____

E-Mail Address (personal) _____

f) Office Address _____

_____

Telephone No. _____ Fax No. _____

E-Mail Address (office) _____

CURRENT APPOINTMENT

Job Title _____

a) Employer _____

b) Type of Industry _____

ACADEMIC / COURSES DATA

a) List your academic/courses data (use attachment if not enough space)

Grade	Achievement	Year

b) List of relevant OSH training you have attended

Type of Course	Institution	Duration

OTHER MEMBERSHIP / AFFILIATION (RELATED TO OSH)

Name of Association	Position

PAYMENT – Initial Registration Fees – RM 100.00 Annual Membership Fee: RM 60.00

a) Enclosed herewith please find * cheque / *money order no: _____ Amount RM _____
*Payment under: MOSHPA * Please provide a copy of Bank-In Slip payable at Maybank Acc. No.: **014150327039**

b) I undertake to inform MOSHPA in writing of any changes, deletion or addition so that the record may be updated.

c) I agree to abide by the constitution of the Malaysian Occupational Safety and Health Proctitioner's Association.

_____ _____
Signature of the Applicant Date

Seconded by: _____ _____
Seconder & Membership No Signature of Seconder

FOR OFFICE USE ONLY

Date of Application Received: _____ ☐ ☐
APPROVED NOT APPROVED

Membership No. ☐

Registration No. ☐

_____
Secretary