



**MALAYSIAN PSYCHOTHERAPY ASSOCIATION** (ROS No. 1741)

11-1 Wisma Laxton, Jalan Desa, Taman Desa,  
58100 Kuala Lumpur.

Tel : 03 – 7982 4424 Fax: 03 – 7982 6330

**MEMBERSHIP APPLICATION FORM**

NAME : \_\_\_\_\_

NRIC NO. / PASSPORT NO : \_\_\_\_\_

NATIONALITY : \_\_\_\_\_

AGE : \_\_\_\_\_

SEX : \_\_\_\_\_

HOME ADDRESS : \_\_\_\_\_

OFFICE ADDRESS : \_\_\_\_\_

TELEPHONE (MOBILE) : \_\_\_\_\_

TELEPHONE (OFFICE) : \_\_\_\_\_

TELEPHONE (OTHERS) : \_\_\_\_\_

EMAIL : \_\_\_\_\_

**MEMBERSHIP CATEGORY**

TYPE OF MEMBERSHIP	ENTRANCE FEE	ANNUAL FEE	PLEASE TICK (✓)
Practitioner Member Level 1	<b>RM 200.00</b>	<b>RM 400.00</b>	
Practitioner Member Level 2			
Practitioner Member Level 3			
Practitioner Member Level 4			
Practitioner Member Level 5			
Associate Member	<b>RM 100.00</b>	<b>RM 200.00</b>	
Fellow Member	<b>USD 200.00</b>	<b>USD 200.00</b>	
Life Practitioner Member	<b>RM 10,000.00</b>	-	
Life Associate Member	<b>RM 5,000.00</b>	-	



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**DIVISIONS PRACTITIONER/BOARD CERTIFIED MEMBERSHIP**

DIVISION MEMBERSHIP TYPE	ENTRANCE FEE	ANNUAL FEE	PLEASE TICK (✓)
Addiction Therapist	<b>RM 200.00</b>	<b>RM 400.00</b>	
Adult Psychologist			
Anti-Aging Therapist			
Art Therapist			
Child Psychologist			
Clinical Psychologist			
Cognitive Behavioural Therapist			
Corporate Mediator			
Counselling Psychotherapist			
Educational Psychologist			
Emotion Focused Therapist			
Family Therapist			
Hypnotherapist			
Life Coaches			
Marital & Couple Therapist			
Music Therapist			
NLP Therapist			
Play Therapist			
Psychonutritional Therapist			
Sandplay Therapist			
Sex Therapist			



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**METHOD OF PAYMENT** (\*tick (√) where applicable)

- ( ) Cash
- ( ) Cheque No : .....Payable to “**MALAYSIAN ASSOCIATION OF PSYCHOTHERAPY**”
- ( ) Telegraphic Transfer:
  - Bank :Maybank**
  - Add : 1&3, Jalan Desa, Taman Desa, 58100, Kuala Lumpur**
  - Acc No: 514114114392**
  - Swift Code: MBBEMYKL**

Subject to the approval of the management committee,

I .....sincerely wish to join as a member of MALAYSIAN ASSOCIATION OF PSYCHOTHERAPY and do hereby agree to abide the rules and regulations of the Association.

SIGNATURE: ..... DATE: .....

Proposed by : ..... Seconded by: .....

Name: ..... Name: .....

Registration No: ..... Registration No: .....

- \* Kindly furnish the following:-
- (a) Photocopy of IC / Passport;
  - (b) Photocopy of other membership related
  - (c) Photocopy of reference letter or certificate confirming status

**OFFICE USE ONLY**

**APPROVAL STATUS : APPROVED ( ) / NOT APPROVED ( ) / KIV ( )**

Commencement Date : ..... Membership No : .....

Registration Fees Received : ..... Annual Fees : .....

Other Comments : .....

**AUTHORISED AND APPROVED BY:**

.....

\*please submit the form together with the proof of payment to fatin@psychology.com.my