



**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 RENEWAL FORM FOR YEAR \_\_\_\_\_**

NAME : .....

NRIC NO / PASSPORT NO : ..... SEX:..... AGE:.....

NATIONALITY : .....

ADDRESS : .....

MEMBERSHIP NUM : .....

TELEPHONE : .....(H).....(O).....(H/P)

PERSON TO CONTACT (other than the applicant) : .....

Tel No : .....

OTHER MEMBERSHIP OF RELATED FIELD & POSITION HELD:.....

.....

**MEMBERSHIP CATEGORY**

	Ordinary Members	Associate Practitioners Members
Annual Fee	RM 200.00 ( )	Level 1 RM 400.00 ( )
		Level 2 RM 400.00 ( )
		Level 3 RM 400.00 ( )
		Level 4 RM 400.00 ( )
		Level 5 RM 400.00 ( )

**METHOD OF PAYMENT**

- ( ) CASH
- ( ) CHEQUE NO : .....Payable to “MALAYSIAN ASSOCIATION OF PSYCHOTHERAPY”
- ( ) DIRECT ACCOUNT TRANSFER : MBB 514114114392

SIGNATURE:..... *\*tick (/) where applicable*

DATE: .....

\*please submit the form together with the proof of payment to [fatin@psychology.com.my](mailto:fatin@psychology.com.my)