

MSIA MEMBERSHIP FORM

APPLICATION PROCEDURE

1. Application must be made on **MSIA-FORM-1A-2020** (*this form*) and **MSIA-FORM-B-2021**.
2. Applicant should submit certified copies of certificates and other relevant documents in support of the application.
3. One must currently be an Ordinary Member before he/she can apply for a Professional Membership.
4. Application for Professional Membership does not require the support of a proposer and a seconder.
5. Only completed forms with all necessary documents will be processed.

A. CATEGORY APPLYING FOR

* Please tick (✓) the appropriate box

☐

Professional

☐

Ordinary

☐

Student

Existing membership category (if any)

ADD DIGITAL
PHOTO HERE

B. PERSONAL INFORMATION

Full Name :

I/D Number : Date of Birth :

Home Address :

H/P Number. : Email :

Business Address :

Tel Number :

POSTAL ADDRESS : * Please tick (✓) the appropriate box

(Please notify Secretariat of any changes of address)

☐

Home Address

☐

Business Address

C. PRESENT EMPLOYMENT CATEGORY :

☐

Private Sector Employee

☐

Federal/State Employee

☐

Local Government Employee

☐

Self Employed

☐

Academician

☐

Retired

☐

Unemployed

☐

Other

D. HIGHER EDUCATION QUALIFICATIONS

No.	Name of Institution	Qualification	Year Attended	Year Awarded
1				
2				
3				
4				
5				

* Please attach a copy of each academic qualification

E. PROFESSIONAL MEMBERSHIP

No.	Name of Professional Body	Registration No.	Year Registered
1			
2			
3			
4			

* Please attach a copy of each professional membership certificate

F. SIA EXPERIENCES

No.	List of Projects	Client	Role	*Type of Study	From (month/year)	To (month/year)
1				<input type="checkbox"/> Standalone <input type="checkbox"/> Sub-Sector	-	-
2				<input type="checkbox"/> Standalone <input type="checkbox"/> Sub-Sector	-	-
3				<input type="checkbox"/> Standalone <input type="checkbox"/> Sub-Sector	-	-
4				<input type="checkbox"/> Standalone <input type="checkbox"/> Sub-Sector	-	-
5				<input type="checkbox"/> Standalone <input type="checkbox"/> Sub-Sector	-	-
6				<input type="checkbox"/> Standalone <input type="checkbox"/> Sub-Sector	-	-
7				<input type="checkbox"/> Standalone <input type="checkbox"/> Sub-Sector	-	-
8				<input type="checkbox"/> Standalone <input type="checkbox"/> Sub-Sector	-	-
9				<input type="checkbox"/> Standalone <input type="checkbox"/> Sub-Sector	-	-

* Type of Study either a **Standalone** SIA Study/Report OR **Sub-Sector** to the Main Study/Report

G. SIA TRAININGS, SEMINARS, OTHER RELATED COURSES ATTENDED

No.	Name of Institution	Organiser	No. of Days	Year of Event
1				
2				
3				
4				

H. EMPLOYMENT SUMMARY

No.	Name of Employment Organisation	Position	From (month/year)	To (month/year)	Period Employed
1					
2					
3					
4					
5					
Total Experience (No. of years/months/days)					

I. APPLICANT STATEMENT

I certify that the information provided is correct, that if accepted, I undertake to abide by the Constitution of MSIA.

Signature : _____ Date : _____

J. NOMINATION

Name of Proposer		Date	
MSIA Membership No.		Signature	
Name of Seconder		Date	
MSIA Membership No.		Signature	

FOR OFFICE USE

Date Application Received	
Date Application Approved	
Date Entrance Fee Received	
MSIA Membership No.	