

## 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					
<b>Total Experience (No. of years/months/days)</b>					

**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.	