



**MALAYSIAN ASSOCIATION OF NATURAL MEDICINE PRACTITIONER
(MANMP)**

Registration No: 1189-08-SEL.
No.6B,Jalan TK 1/11A, Taman Kinrara,Section 1,
47100 Puchong, Selangor Darul Ehsan, Malaysia
Tel: 03-80769264
Fax: 03-80708784

MEM. NO.

PHOTO

MEMBERSHIP APPLICATION FORM

Note: Please fill in all sections in FULL BLOCK letters. Incomplete application will be rejected

FULL NAME			
DATE OF BIRTH			
PLACE OF BIRTH		GENDER:	
NATIONALITY			
NRIC/PASSPORT NO.	New:	Old:	
OCCUPATION			
RESIDENTIAL ADDRESS			
POSTAL ADDRESS			
NAME OF EMPLOYER			
ADDRESS OF EMPLOYER			
CONTACT NO.	Office Tel:	Home Tel:	Fax:
	Email:		Mobile:

I, the undersigned, wish to apply to be a member* of the above named Society (MANMP) as indicated below.

Membership Category	Annual Membership Fee	Please tick where appropriate
Honorary Member	RM200.00	
Ordinary Membership	RM200.00	
Practising Membership	RM250.00	
Entrance Fee	RM50.00	