

Individual Membership Registration Form

A. Individual Membership Application: (please tick)

Fellow Member
 Professional Member
 Associate Member
 Student Member
 Life Member

B. Personal Details (all fields are mandatory)

Title (Mr, Mrs, Ms, Others):

Nationality:

Full name (As per IC / Passport):

IC No / Passport No:

Residential Address:

Contact Details

Res. no:

Office no:

Mobile no:

Personal email address:

B. Current Employment Details *not applicable for student member applicants

Job Title:

Department:

Organisation /Company:

Work email address:

Office address:

Postcode:

State:

Country:

C. Educational Background Details

Highest Academic Qualification (Diploma, Bachelors, MBA, PhD & Others):

Year Obtained:

Professional Qualification / s:

Qualifications	Awarding Institution	Year Obtained

*Certified copies of qualifications must be submitted along with this application form

D. Individual Fee

Membership	Registration (USD)	Annual fee (USD)
Fellow	-	125
Professional	-	125
Associate	-	65
Student	-	25
Life	-	1,000

*The individual membership shall be renewed annually and on a pro-rated basis (membership year runs from April to March)

F. Declaration

I, _____, NRIC or Passport Number _____, hereby declare that the above information is true and complete to the best of my knowledge and belief. I undertake that, in accordance with my admission into individual membership at the IERP®, I shall conduct myself at all times in a manner compatible with my membership of the Institute and in full compliance with all of the IERP's® rules and regulations.

I confirm and consent to the IERP® retaining my information in the IERP® group's database to be used by the IERP® group and by selected third parties for the purpose of communicating products, services and information which may be of interest to me.

I acknowledge and agree that this membership will entitle me to memberships of other associated and/or related organisations.

Applicant Signature

Date

*All fields of this application form are mandatory to be filled

G. Payment

Payment (Please tick ✓)

Cheque for RM _____ payable to "IERP Sdn Bhd" *
Cheque Number: _____

Direct bank-in: CIMB Islamic Account No.: 8600682305

* Payment is to be attached with this application form

* Please fax the bank-in slip to +603-7611 0707 with your name and Tel. No or email

For Office use only

Industry code: _____

Date Application received: _____

Received by: _____

Date Receipt issued: _____

Approved by: _____

Institute of Enterprise Risk Practitioners

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