APPLICATION FORM
FOR AFFILIATE MEMBERSHIP

QUALIFICATION AND PRIVILEGES OF AFFILIATES

1. No person shall be qualified for Affiliate Membership of the Association unless he is either:

    (a) a Graduate Engineer or Engineering Technologist or Engineering Technician or Inspector of Works registered with BEM; or

    (b) any other qualified person registered with any other Board recognized by the Council.

2. An Affiliate shall have no voting right but is entitled to participate in selected activities of the Association, as approved by the Council, at member rate charges.

3. The subscription fee shall be RM60.00 for 3 years term, or such other sum as decided by the Council from time to time. The subscription will be payable on 1st January for renewal for every 3 years term.

4. Affiliate members shall be entitled to the exclusive use after their names of the abbreviated form, AfACEM, showing their membership grade.

REMITTANCE

The annual subscription fee is RM 60.00 per person for 3 years term.

Remittance for subscription fee shall be submitted together with the application form. If the application is rejected, a refund will be made accordingly.

Please email your application to sec@acem.com.my. The ACEM Secretariat will contact you regarding payment of subscription fee.

NB: In line with the Personal Data Protection Act, please be informed that we process your personal data in accordance to our Personal Data Protection Notice. Our PDPA Notice, in both English and Bahasa Malaysia can be viewed at www.acem.com.my.

THE ASSOCIATION OF CONSULTING ENGINEERS MALAYSIA

THE ASSOCIATION OF CONSULTING ENGINEERS MALAYSIA (5070-M)

APPLICATION FORM
FOR AFFILIATE MEMBERSHIP

Name of Applicant:_____

NRIC No.:_____ Mobile No.:_____

Email:_____ *(Preferred e-mail address for correspondence with ACEM)*

BEM No.: _____ Others Reg. No.:_____
(if applicable. Please specify Board's name)

Academic Qualifications:_____

_____

Name of Firm:_____
(if applicable)

Address of Firm:_____

_____

_____ Tel. No.:_____

Signature of Applicant:_____ Date:_____

Nominated by:_____
Name of Employer

Signature of Employer:_____

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FOR OFFICE USE

We, the undersigned, recommend _____
for membership of the Association.

Reviewed by:_____ Signature:_____
(in block letters)

Verified by:_____ Signature:_____
(in block letters)

Membership Committee Meeting Date:_____