



**NATIONAL ASSOCIATION OF
SPECIAL EDUCATION**

[Registration Number: 2627-09-WKL]

**Faculty of Education, University of Malaya,
50603 Kuala Lumpur, Malaysia**

**Pay to: Persatuan Pendidikan Khas Kebangsaan
Bank Islam, Account: 14171010006083**

**Please email the form and payment proof to:
nasemsia@gmail.com**

MEMBERSHIP APPLICATION FORM

_____ * Entrance fee (RM10/pay once only) _____ Associate (RM25/year) _____ Ordinary (RM50/year)

_____ Institution (RM100/year) _____ Life (RM300/pay once only) _____ Honourary (Exempted for payment)

** compulsory but pay once only*

Name (First): _____ Name (Last): _____

Date of Birth: _____ (dd/mm/yyyy) Gender:* Male / Female

I/C No.: _____ (new) Passport No.: _____

Mailing Address: _____

Permanent Address: _____

Tel: _____ (House) _____ (Office) _____ (Cell)

E-mail: _____ Fax: _____

Education Background: * Ph.D/ Master's/ Bachelor Degree / Diploma / Others: _____

Graduated from * University / College / School: _____

I can contribute through: * Financial support, Short term project, Publication, Professional Expertise,
Others (Please specify): [_____]

* Choose whichever is relevant.

I HEREBY CONFIRM TO ADHERE TO EVERY REGULATION AND RULE OF THIS ASSOCIATION IN THE EVENT
OF THE APPROVAL OF MY MEMBERSHIP APPLICATION.

FOR ASSOCIATION USE ONLY

Date received: _____ Membership fee: RM _____ * (Cash/Cheque/Postal Order/Money Order)

Receipt No.: _____ Bank Slip No.: _____ Membership No.: _____

Action: * Application approved / pending for approval / rejected

Signature: _____ Name: _____ Date: _____