



MEMBERSHIP APPLICATION FORM

NO.: _____

Name (Mr/Mrs/Miss): _____

Date of Birth: _____ Sex: _____ Marital Status: _____

Postal Address: _____

Residential Address: _____

E-mail: _____ Tel: _____

HOW DID YOU GET TO KNOW ABOUT CISC M (please tick)

Website Facebook Recommendation Newsletters Advert

Others (please specify) _____

a) CURRENT EMPLOYMENT INFORMATION:

Name and Address of Organization: _____

b) PREVIOUS EMPLOYMENT INFORMATION

Designation	Company	Period (Given Month & Year)		Employees Controlled	
		From	To	No	Grade

For Official Use Only

Date of Submission of form: _____ Initial of Receiving Officer: _____

Checked by: Name: _____ Signature: _____ Date: _____

EDUCATION INFORMATION

In further support of my application, I furnish the following details:

i) Full-Time education, eg. University or Polytechnic or College of Education

University/Polytechnic/College	Month & Year		Degree, Diploma, Certificate Obtained
	From	To	

ii) Other professional qualification(s) if any and dates of completion of exams

Professional Bodies	Month & Year		Qualification(s)
	From	To	

DECLARATION

I certify that the information given in this form is correct to the best of my knowledge. I agree to pay all future fees and subscriptions for which I became liable failing which the institute is authorized to terminate my membership subject to due notice. I hereby undertake to observe and be bound by the provisions of the Article and Rules of the Institute.

Signature of Applicant

Date of Application

REFEREE REPORT/RECOMMENDATION

I, the undersigned, having known the applicant

who is seeking admission as Member of the Institute, hereby recommend him/her for admission.

REFEREE

Name _____

Contact Address: _____

Occupation: _____ Position: _____

Institute Designating Fellow/Full Member/Associate _____

Designation No: _____ Tel: _____

Mobile: _____

Email: _____

Sign

Date

COMPLETED FORM MUST BE SUBMITTED WITH THE FOLLOWINGS:

- a) 2 Passport Photographs
- b) Photocopy of Certificates
- c) CV & Any other relevant document

FOR OFFICE USE ONLY

Recommendation of the ED-PD:

Admitted as:

- MCISCM FCISCM SMCISCM

Reason(s) for disqualification _____

Executive Committee Approval:

Name: _____ Signature: _____

Date: _____ **MEMBERSHIP No.:** _____