

APPLICATION FORM

CORPORATE MEMBERSHIP



MALYSIAN INSTITUTE OF MANAGEMENT
Institut Pengurusan Malaysia

COMPANY PARTICULARS

Company Name:	
Company Business Registration No. <i>(Please attach a copy of the Business Registration Certificate from SSM)</i>	
Company Address:	
Postcode:	City:
State:	Country:
Tel:	Fax:
Company Website:	

TYPE OF COMPANY *(Please Tick ✓)*

<input type="checkbox"/>	Association
<input type="checkbox"/>	Education/Training Institution
<input type="checkbox"/>	Government Dept/Public Administration
<input type="checkbox"/>	Government-linked Companies
<input type="checkbox"/>	Local Large Organisation
<input type="checkbox"/>	Multi National Corporation (MNC)
<input type="checkbox"/>	Non-Profit Organisation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Small Medium Enterprise (SME)
<input type="checkbox"/>	Others <i>(Please specify)</i>

ANNUAL SALES TURNOVER

RM

TYPE OF INDUSTRY *(Please Tick ✓)*

<input type="checkbox"/>	Banking/Finance	<input type="checkbox"/>	Logistic
<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Design/Architectural	<input type="checkbox"/>	Medical & Healthcare
<input type="checkbox"/>	Education/Training/Consulting	<input type="checkbox"/>	Media & Communication
<input type="checkbox"/>	Hotel/Restaurant	<input type="checkbox"/>	Oil & Gas
<input type="checkbox"/>	Institutions/NGO	<input type="checkbox"/>	Research & Development
<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Sales & Marketing
<input type="checkbox"/>	IT & Telecommunication	<input type="checkbox"/>	Tourism
<input type="checkbox"/>	Legal	<input type="checkbox"/>	Others*

* Please specify: _____

KEY CONTACT PERSONS

Senior Management

Name: <i>(Chief Executive Officer or Managing Director)</i>	
Designation:	
Company Tel:	Fax:
Mobile:	Email:

Training & Development Department

1. Name:	
Designation:	
Mobile:	Email:
2. Name:	
Designation:	
Mobile:	Email:

Membership & Billing Matters

1. Name:	
Designation:	
Mobile:	Email:
2. Name:	
Designation:	
Mobile:	Email:

SUBSIDIARY COMPANY INFORMATION *(If any)*

1. Company Name:	
Name:	
Tel:	Email:
2. Company Name:	
Name:	
Tel:	Email:
3. Company Name:	
Name:	
Tel:	Email:
4. Company Name:	
Name:	
Tel:	Email:

CORPORATE MEMBERSHIP FEES (Please Tick ✓)

✓	No. of Employees	No. of Corporate Nominees	Entrance Fee	Annual Subscription Fee	Total* (For New Admission)
	1 to 50	5	RM300	RM300	RM600
	51 - 200	5	RM450	RM450	RM900
	201 - 500	5	RM600	RM600	RM1,200
	501 - 1000	5	RM750	RM750	RM1,500
	1001 - 1500	5	RM1,000	RM1,000	RM2,000
	1501 - 2000	5	RM1,250	RM1,250	RM2,500
	2001 - 3000	5	RM1,500	RM1,500	RM3,000
	3000 and above	5	RM1,750	RM1,750	RM3,500

PAYMENT (Please Tick ✓)

<input type="checkbox"/> Credit Card		<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Name on Card: _____			
Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date (MM/YY): _____	
<input type="checkbox"/> Interbank Giro (IBG) / Cash Deposit		Bank RHB Bank	
<input type="checkbox"/> Cheque (payable to: Institut Pengurusan Malaysia)		Account No 2142 31000 10936	
<i>(Email together with your transaction slip indicating Applicant Name, NRIC, Mobile No. so that we can identify your payment)</i>			
Signature: _____		Date: _____	

CORPORATE MEMBERSHIP CATEGORY

Your membership application is subject to approval by the General Council. Upon approval you will be duly notified.

For more information on Membership category and benefits, kindly refer to our website

Please visit us at: www.mim.org.my

PLEASE SUBMIT THE FOLLOWING DOCUMENTS TO US:

- Business registration certificate.
- Full payment in accordance to the membership category applied.

We hereby declare that the statements made herein this application are correct and to the best of our knowledge and belief. If granted membership we agree to be governed by the Memorandum & Articles of Malaysian Institute of Management as they now exist and may hereafter be altered.

Malaysian Institute of Management (MIM) recognizes the importance of protecting our personal information and is committed to the compliance of the Personal Protection Act 2010.

We have read the Personal Data Protection Notice (posted on <https://www.mim.org.my/mim-personal-data-protection-1/>) and consent to Malaysian institute of Management (MIM) processing our personal data in accordance with Personal Data Protection Notice.

NOTICE: Receipt of an application form from your Company does not give your Company any rights in or against the Malaysian Institute of Management. Approval of membership is at the absolute discretion of the Membership Committee and/or the General Council of the Malaysian Institute of Management

KEY REASONS FOR JOINING US (Please Tick ✓)

<input type="checkbox"/>	To enhance the professional development of the employees
<input type="checkbox"/>	To improve the business networks for the company
<input type="checkbox"/>	Recognition in the professional community
<input type="checkbox"/>	Preferred choice of training provider
<input type="checkbox"/>	To attain further qualification through MIM courses
<input type="checkbox"/>	To enjoy MIM events and courses at preferred rates
<input type="checkbox"/>	Others (please specify)

We hereby declare that :

- Our Company has not been convicted of a criminal offence in Malaysia or elsewhere.
 [If your Company has been convicted of any offence, please give particulars with the charge and sentence.]

Company Stamp:
Name: _____
Designation: _____
Date: _____