

WREGA APPLICATION FORM

Please fill out all sections in full and tick where applicable

Category Professional Associate Student Industry Partner

Applicant's Details

Full Name _____

 NRIC _____ Sex M F
 Date of Birth _____ Place of Birth _____
 Address (h) _____

Correspondence Address:

Home
 Office

Company Name _____
 Address (o) _____

 Tel (o) _____ Tel (h) _____ Mobile _____
 Fax (o) _____ Fax (h) _____
 Email (o) _____ Personal _____

Brief CV Academic Qualifications

Professional Experience

Declaration

I hereby agree to the terms and conditions of this membership and, abide any rules, regulations and By-laws of the constitution.
 I certify that the information given on this application form is to the best of my knowledge correct.

Signature _____ Date _____

For Official Use	Date Application Received
<p>CATEGORY</p> <p><input type="checkbox"/> Professional</p> <p><input type="checkbox"/> Associate</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Industry Partner</p>	<p><input type="checkbox"/> Application Status</p> <p><input type="checkbox"/> Under Review</p> <p><input type="checkbox"/> Approved</p> <p>Day/Month/Year</p> <div style="border: 1px solid black; width: 100%; height: 15px; display: flex; justify-content: space-between;"> </div> <p>Membership No.</p> <div style="border: 1px solid black; width: 100%; height: 15px; display: flex; justify-content: space-between;"> </div>

For any enquiries and change of address & contact, please email to secretariat@wrega.org or wregamalaysia@gmail.com