



Persatuan Pertuturan-Bahasa & Pendengaran Malaysia

Malaysian Association of Speech-Language & Hearing (MASH)
Peti Surat 610, Pejabat Pos Jalan Sultan, 46770 Petaling Jaya, Selangor.

INFORMATION AND GUIDELINES FOR APPLICANTS WITH QUALIFICATIONS OBTAINED WITHIN MALAYSIA

Thank you for your enquiry regarding Membership of the Malaysian Association of Speech-Language and Hearing. An application form is enclosed for you to complete and forward, together with the appropriate documents and fees, to the above address.

The following documents are required:

- a. A formal application form must be completed (Form A1).
- b. * Copy of certificate awarded by University
- c. Details of two sponsors who are current members of the Malaysian Association of Speech Language and Hearing.
- d. Appropriate membership fees. Please do not send cash. Payment should be made to the '**Malaysian Association of Speech-Language and Hearing**' in the form of Bank drafts or cheques and in Malaysian Ringgit only (Please refer to the schedule of fees below).

Membership fee can also be debited to the Maybank Berhad account (Acc. No: **5126 7930 1895**). The applicant is required to attach the deposit slip together with this form. Registration fees do not apply to former student members at graduation when upgrading their membership category, or, when a member transfers from another category of membership. A re-establishment fee applies to all memberships that have lapsed for more than 1 membership year.

* All documents submitted must be **certified true copies** of the original documents. Please do not send original documents.

Eligibility:

Ordinary Membership: Applicants must possess recognised academic qualifications at degree level and clinical training in speech-language pathology or audiology. Applicants must be Malaysian citizens and agree to abide by the Code of Ethics of the Association.

Associate Membership: Applicants must possess recognised academic qualifications at degree level and clinical training in speech-language pathology or audiology. Applicants must agree to abide by the Code of Ethics of the Association. Applicants for this category are non-Malaysian citizens.

Student Membership: Applicants must be full time students pursuing studies in an accredited programme in speech-language pathology or audiology locally or overseas.

MEMBERSHIP FEES FOR 2009/2010

Ordinary Member	RM 80.00 (plus RM50.00 registration fee) = RM 130.00
Associate Member	RM 80.00 (plus RM50.00 registration fee) = RM 130.00
Student Member	RM 10.00

* Overseas applicants please add RM50.00 for mailing costs.

(Membership fees are renewable on July 1st of each year)

All applications are acknowledged. When all the required documents are received, every effort is made to process applications within a four to five week period. Applicants are notified of the outcome and any further action. Acceptance to the Malaysian Association is subject to approval by the Executive Committee. To avoid considerable delays, please ensure that all the required documents are submitted with this application.

The Secretary
Malaysian Association of Speech-Language & Hearing

MEMBERSHIP APPLICATION FORM (A1)

Please read the information attached before completing this form. Please use block letters.

Please circle appropriate Membership Category

Ordinary	Associate
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PERSONAL INFORMATION

Last Name (Prof., Dr., Mr, Mrs, Ms, Miss)	
First Names:	
Date of birth:	IC/Passport No:
Address:	Citizenship:
	Phone No:
	Fax:
	E-mail

QUALIFICATIONS

Qualifications	University	Year of Graduation	Duration

CURRENT EMPLOYMENT DETAILS

Employment Address:	
Department:	Position:

Please tick all the areas that apply

MAIN WORK ACTIVITY

<input type="checkbox"/>	Mixed Caseload
<input type="checkbox"/>	Adult Speech Pathology/Audiology
<input type="checkbox"/>	Paediatric Speech Pathology/Audiology
<input type="checkbox"/>	Administration
<input type="checkbox"/>	Tertiary Education
<input type="checkbox"/>	Research

EMPLOYMENT STATUS

<input type="checkbox"/>	Permanent Full Time or equivalent
<input type="checkbox"/>	Temporary Full Time or equivalent
<input type="checkbox"/>	Full Time Private Practice
<input type="checkbox"/>	Permanent Part Time or equivalent
<input type="checkbox"/>	Temporary Part Time or equivalent
<input type="checkbox"/>	Part Time / Sessional Private Practice

AFFILIATION

Are you a member of any other professional body related / non-related to Speech-Language Pathology and Audiology?
If yes, please state.

<input type="checkbox"/> NO	<input type="checkbox"/> YES, Please specify:
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APPLICATION SPONSORSHIP

	Sponsored by	Seconded by
Name		
Membership No		
Signature		
Date		

PAYMENT DETAILS

I enclose my cheque/money order/bank draft for RM (Cheque No.:)

I hereby apply for admission to The Malaysian Association of Speech-Language and Hearing as an Ordinary Member / Associate Member (please choose one).

I declare the enclosed information to be a true and accurate record.

Signature:

Date:

FOR OFFICE USE ONLY:

Date Received	Receipt No.	Membership No.
Date Acknowledged :		Notes
Date Accepted by Executive Committee:		