



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 OUTSIDE 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.

Please note: The Malaysian Association of Speech-Language and Hearing has no involvement with finding employment for overseas applicants. In addition, all enquiries regarding visa applications and immigration requirements should be addressed to the nearest Malaysian Embassy.

The following documents are required:

(For any documents in a language other than English, a certified translation in English must be provided.)

- a. A formal application form must be completed (Form A2)
- b. Course transcript and details:

| | |
|-------------------------------|---|
| Theoretical subjects: | Theory subject titles, description of each subject and each subject code. Dates for each subject, number of semesters for subject. Scheduled hours per theory subject. |
| AND Clinical subjects: | Clinical subject titles, description of each subject and each subject code. Dates for each subject, number of semesters for subject. Scheduled hours and supervised clinical contact hours for each clinical subject. |
- c. Copy of certificate awarded by University
- d. Names and addresses of two professional referees.
- e. If an applicant holds a current practicing membership of the following professional organisations, evidence of this may be submitted in lieu of the required academic and clinical subject documents listed in (b):
 - Speech Pathology Association of Australia
 - The Royal College of Speech Language Therapists, UK
 - The American Speech-Language & Hearing Association
 - The Canadian Association of Speech Language Pathology
 - The American Academy of Audiology
- f. 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 on the next page.*)

Please note: All documents submitted must be **certified 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 2008/2009

| | |
|------------------|--|
| Ordinary Member | RM 80.00 (plus RM50.00 registration fee) |
| Associate Member | RM 80.00 (plus RM50.00 registration fee) |
| Student Member | RM 10.00 |

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

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

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.

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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 and Hearing

MEMBERSHIP APPLICATION FORM (A2)

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

Please circle appropriate Membership Category

| | |
|-----------------|------------------|
| Ordinary | Associate |
|-----------------|------------------|

PERSONAL INFORMATION

| | |
|-------------------------------|-----------------|
| Last Name (Mr, Mrs, Ms, Miss) | |
| First Names: | IC/Passport No |
| Date of birth: | Citizenship: |
| Address: | Phone No (H): |
| | Handphone: |
| | Phone No (Off): |
| | 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.

APPLICATION SPONSORSHIP

| | Sponsored by | Seconded by |
|-----------|--------------|-------------|
| Name | | |
| Position | | |
| Signature | | |
| Date | | |

PAYMENT DETAILS

I enclose my cheque/money order/bank draft for RM.....

I hereby apply for admission to The Malaysian Association of Speech-Language and Hearing as an Ordinary Member / Associate Member. I declare the enclosed information to be a true and accurate record.

Signed:.....

Date:.....

FOR OFFICE USE ONLY:

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