



STUDENT MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Age:	Gender: Male / Female
Email:	Phone (Work):	Phone (Private):
Nationality:	IC/Passport Number:	
Mailing address:		

EDUCATION INFORMATION

Program you are currently enrolled:	
Degree objective (e.g., PhD, PsyD, MA):	Expected graduation date: _____ (mo/year)
Research/Practice Interests (5-6 keywords):	

CATEGORY OF MEMBERSHIP APPLYING FOR

	<p>Student Membership Any individuals who are currently pursuing a post-graduate degree in Clinical Psychology.</p> <p>* No student shall be admitted as a member of the Society without the prior permission in writing from his/her Vice Chancellor of the educational institutes.</p>	RM50/Year
--	---	-----------

NOTE: All new applicants are charged a one-time non-refundable processing fee of RM20.

No processing fee is charged for yearly renewal.

MSCP membership runs from January 1 – December 31 yearly, regardless of when membership dues are received.

Dues received after March 31 will be applied to the following year's membership.

MEMBERSHIP REGISTRY

I give permission for MSCP to release my contact information (name, address, email) and/or professional interests:	
In MSCP member directories (e.g., print or on the website)?	Yes / No
To other professional organizations?	Yes / No
To prospective employers/clients?	Yes / No
To media representatives?	Yes / No



STUDENT MEMBERSHIP APPLICATION

REFERENCE

Please list the MSCP member who referred you:

Name:	MSCP membership number:
-------	-------------------------

This part is to be completed by your referee:

"I hereby verify that this applicant is eligible for MSCP membership based on my knowledge of his/her qualification and professional conducts. I would recommend him/her to become a member of MSCP as I think he/she would make a significant contribution to our field."

Signature of Referee	Date
----------------------	------

APPLICANT'S SIGNATURE

"I acknowledge that all information submitted in this form is truthful and I have provided sufficient documentations to support them. I permit MSCP to verify the information with relevant party/organizations when needed."

Signature of Applicant	Date
------------------------	------

PAYMENT METHOD

Total payment: RM_____ + RM20 = RM_____

Payment method: Cash / Cheque / Direct Banking

Cheque payment option: please write cheque payable to **Malaysian Society of Clinical Psychology**.

Direct Banking option: Maybank Account (**5140-9311-7359**), under the name of Malaysian Society of Clinical Psychology.

Kindly retain payment proof and inform mscp.membership@gmail.com to proceed to membership vetting.

OTHER DOCUMENTS REQUIRED

- | | |
|---|--|
| 1. 1 passport size photo (Please write name behind photo). | |
| 2. Proof of identity – a copy of identity card / passport (Please cross out and label FOR MSCP USE ONLY). | |
| 3. Evidence of academic records: academic transcripts (original/certified), and copies of certificates from all relevant degrees. | |
| 4. Proof of professional experiences – updated CV. | |
| 5. Approval letter from educational institute. | |

NOTE: Applications with incomplete submission of documentations will be not be vetted.

FOR OFFICE USE

Applicant's name: _____	Payment mode: Cash / Cheque / Direct Banking
Total payment: RM_____ + RM20 = _____	Cheque Number: _____
Date received:	Person received:

All completed application can be submitted to the Honorary Secretary at this address:

Malaysian Society of Clinical Psychology
 c/o Suite #112, MBE Publika,
 Lot No.73B, Level UG1,
 Publika Shopping Gallery,
 No.1, Jalan Dutamas 1,
 Solaris Dutamas, 50480 Kuala Lumpur