



IVMM

**PERTUBUHAN PENGURUSAN NILAI MALAYSIA
INSTITUTE OF VALUE MANAGEMENT MALAYSIA**

No.27A Jalan Tengku Ampuan Zabedah B9/B
Seksyen 9, 40100 Shah Alam
SELANGOR DARUL EHSAN
Tel : 03-55119740 Fax : 03-55119741 Email : ivmm_1999@yahoo.com.

Sertakan 2
keping
gambar
berukuran
pasport

**PERMOHONAN KEAHLIAN PERTUBUHAN PENGURUSAN NILAI MALAYSIA
MEMBERSHIP APPLICATION FOR THE INSTITUTE OF VALUE MANAGEMENT MALAYSIA**

A. JENIS PERMOHONAN / TYPE OF APPLICATION :

<input type="checkbox"/> Felo/Fellow	<input type="checkbox"/> Ahli Biasa/Member	<input type="checkbox"/> Ahli Bersekutu/Associate Member
<input type="checkbox"/> Pelajar/Student	<input type="checkbox"/> Ahli Bergabung/Affiliate	<input type="checkbox"/> Institusi/Institutional

B. BUTIR-BUTIR PERIBADI / PERSONAL DETAILS :

**1. Dato'/Datin/Tuan/Puan/
Cik/Lain-Lain :**

Dato'/Datin/Mr./Mrs./Ms/Others _____

2. No.Kad Pengenalan :

Identity Card No. _____

3. Tarikh Lahir :

Date of Birth _____

4. Alamat Kediaman :

Home Address _____

5. Negeri :

State _____

6. Negara:

Country _____

7. Poskod :

Post Code _____

8. e mail _____ **Web Pages (if applicable)** _____

9. No Telefon Home : _____ Mobile : _____ Office : _____ Fax : _____
Phone No. _____

10. Keahlian Badan Profesional: Membership with Professional bodies	Name of Institution / Board		Status	Year	
11. Kelulusan Akademik : Academic Qualification	Certificate	Major	University/College/Institute	Country	Graduation Year
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

12. Bagaimana anda mengetahui tentang IVMM ? :

How did you know about IVMM ?

- Ahli IVMM** / IVMM Members
 Seminar / Conference
 Iklan atau surat menyurat / Advertisement or mail
- Kolej atau Universiti** / College or University
 Lain-lain / Others
Nyatakan / Please Specify _____

FOR OFFICE USE ONLY / UNTUK KEGUNAAN PEJABAT SAHAJA

Date Receive :	_____	Date circulated to Council Members :	_____
Council decision :	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> On Hold		
Reason(s) rejected/on hold :	_____ _____		
Date informed to applicant :	_____	To be registered as :	_____
Date of approval of registration :	_____	Registration No :	_____





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Tel : 03-55119740 Fax : 03-55119741 Email : ivmm_1999@yahoo.com.

No. 13 hingga 18, Hanya Untuk Pelajar / No. 13 to 18, For Student Only

13. Nama Kursus/ Name of course : _____
14. Nama Institusi Pengajian Tinggi : _____
Name of Higher Education Institution
15. Fakulti dan Jabatan: _____
Faculty and Department
16. Alamat / Address : _____
17. No.Tel/Tel.No : _____
18. No.Faks/Fax. No : _____

C. BUTIR-BUTIR ORGANISASI / ORGANISATION DETAILS :

19. Nama Organisasi: _____
Organisation Name
20. Alamat Email : _____
e mail Address
21. Alamat Organisasi: _____
Organisation Address
22. Negeri: _____
State
23. Negara: _____
Country
24. Poskod: _____
Post Code
25. No. Telefon: _____
Tel. No.
26. No. Faks: _____
Fax. No.

27. Jenis Organisasi anda ?/ Type of your organisation ?	28. Pengalaman / Experience
<input type="checkbox"/> Organisasi Kerajaan/ Public Organisation	_____ tahun pengalaman dalam bidang Pengurusan years of experience in management
<input type="checkbox"/> Organisasi Swasta milik tempatan Local Private organisation	_____ tahun pengalaman dalam bidang pengurusan nilai years of experience in value management
<input type="checkbox"/> Organisasi swasta milik asing Foreign private organisation	_____ tahun pengalaman dalam bidang kejuruteraan years of experience in engineering works
<input type="checkbox"/> Syarikat Perniagaan Antarabangsa Multinational Corporation Company (MNC)	_____ tahun dalam lain-lain bidang. Nyatakan others. Please specify . _____

D. PENGAKUAN PEMOHON/ DECLARATION BY APPLICATION

29. **Pemohon dikehendaki mengisi bahagian ini. Segala maklumat di dalam borang ini adalah sulit antara anda dan IVMM. Segala maklumat akan diberikan sama ada melalui email, pos, faks dan telefon.**
Applicant please complete this section. The information in this form is confidential between you and IVMM. Individual maybe given to receive information via email, post, fax or telephone.
- Dengan ini saya memohon untuk menganggotai IVMM. Saya mengaku bahawa maklumat yang di berikan adalah benar dan betul dan disertakan bayaran bagi yuran masuk dan yuran tahunan.**
I hereby apply for admnishing to IVMM. I certify that the information given on this form is true and correct and enclose payment for the entrance fee and annual fee.
- Saya bersetuju untuk menerima sebarang maklumat dari IVMM kepada saya sebagai anggota.**
I give my permission to receive such material from IVMM as a member

Tandatangan / Signature_____
Tarikh / Date



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30. Rujukan / References

Declaration by employer should be endorsed by the Principle/Partner of the firm that the applicant currently being employed. In the event of government servant applicant, endorsement shall be the head of Department/Deputy and other Director or member IVMM

Nama Dan Tandatangan / Name And Signature

Tarikh / Date

E. LAMPIRAN MAKLUMAT/ INFORMATION ENCLOSURES

31 Semasa Memulangkan kembali permohonan ini, sila sertakan pekara-pekara berikut/ When returning your application, please remember to include all the following requirements

i. Yuran dan bayaran Masuk/Fees and Subscriptions

Jenis Keahlian / Types of Membership	Yuran Masuk / Entrance Fees RM
A. Individu / Individual Felo Kehormat / Honorary fellow Felo / Fellow Ahli Biasa/ Member Ahli Bersekutu / Associate Member	- 50.00 40.00 30.00
B. Pelajar / Student	10.00
C. Ahli Bergabung / Affiliate	20.00
D. Instutisi / Institutional	300.00

ii. Maklumat Diri / Curriculum Vitae

iii. Salinan sijil/ diploma / ijazah / sijil profesional / sijil lelasan ijazah atau yang berkaitan dengannya terutama yang berkaitan dengan Pengurusan Nilai

Copied relevant certificate / diploma / degree / professional certificate / post graduate certificate, especially related to Value Management

Borang yang telah lengkap diisi hendaklah di kembalikan kepada

Completed form please returns to:

Pertubuhan Pengurusan Nilai Malaysia (IVMM)

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