



MIC MEMBERSHIP APPLICATION FORM MEMBER PROFILE

Ref. No:

Received By/Date:

SECTION A: PERSONAL DETAILS

Name:	
Date of Birth:	/ / (dd/mm/yyyy)
Place of Birth:	
Address:	
IC Number:	
Email:	
Phone No.:	
Social Media Account:	Facebook: Twitter: Instagram: Others:

PHOTO

SECTION B: EDUCATIONAL BACKGROUND

i) Education Level

Level	Name of School/College/Institution

ii) Diploma, Degrees and Specialization (please attach copy of certificates)

Degree	Specialization

SECTION C: OCCUPATIONAL HISTORY

Year	Occupation	Institution/Organization/Company

SECTION D: POLITICAL DETAILS

i) Membership and Electoral Details (Please State, if any)

Member Since:	/ / (dd/mm/yyyy)
Member Till:	/ / (dd/mm/yyyy)
Last Position in Party:	
State:	
Parliament:	
DUN:	
Division:	
Branch:	

SECTION E: FAMILY BACKGROUND

- i) **Information of Spouse(s)**
(please attach IC copy of spouse)

Spouse 1:	Name:	
	Date of Birth:	/ / (dd/mm/yyyy)
	Date of Death (if applicable):	/ / (dd/mm/yyyy)
	Place of Birth:	
	Occupation:	
	Education/Specialization:	
	Education/Specialization:	

ii) Information of Children (please attach IC copy of each child)

Child 1	Name:	
	Date of Birth:	/ / (dd/mm/yyyy)
	Place of Birth:	
	Occupation:	
	Education/Specialization:	
Child 2:	Name:	
	Date of Birth:	/ / (dd/mm/yyyy)
	Place of Birth:	
	Occupation:	
	Education/Specialization:	
Child 3:	Name:	
	Date of Birth:	/ / (dd/mm/yyyy)
	Place of Birth:	
	Occupation:	
	Education/Specialization:	
Child 4:	Name:	
	Date of Birth:	/ / (dd/mm/yyyy)
	Place of Birth:	
	Occupation:	
	Education/Specialization:	

*please provide as attachment if you have more than 4 children.

SECTION F: AWARDS, RECOGNITION, ACHIEVEMENT

YEAR	AWARDS/RECOGNITION/ACHIEVEMENT

SECTION G: SOCIAL ACTIVISM AND INTEREST

i) Please specify any non-profit/non-governmental organization you are a part of:

Organization	Position

ii) Please specify your interest, hobbies talents or skills.

1.	
2.	
3.	

I do solemnly and sincerely hereby declare that:

- i) All of the information is true
- ii) I am not an undischarged bankrupt

Name:

Date:

FOR HEADQUARTERS USE ONLY

SECTION H: RECOMMENDATION BY MIC SECRETARY GENERAL

Membership and Electoral Details

Member Since:	/ / (dd/mm/yyyy)
State:	
Division:	
Branch:	

Name:

Date:

SECTION I: APPROVAL / REMARKS BY MIC PRESIDENT

Name:

Date:

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