

## 2015 MIHA MEMBERSHIP SUBSCRIPTION REPLY SLIP

Note: Please fax this reply to 03-61362990 or sent as email attachment to [admin@miha2u.org](mailto:admin@miha2u.org). This form is also downloadable from the website <http://www.miha2u.org>

Date :			
Name :		Membership Number :	

**Change of details (fill if necessary):**

Mailing address:	
Email address (for MIHA notification & news):	
H/p number:	
Hse/Off phone number:	
Fax number:	

**Membership renewal (cross box of choice):**

- MIHA Full/Associate Membership for  RM 100 for 1 year /  RM270 for 3 years
- MIHA Organizational Membership for  RM 500 for 1 year /  RM1,350 for 3 years

The three names under my organization for 2015 will be:

1)	
2)	
3)	

- MIHA Student Membership 2015 for RM 20
- MIHA BOHS International Partners \* 2015 for RM 125.00
- I wish to upgrade my renewed membership to Full Member 2015 (details provided)

\* See separate announcement attached on BOHS International Partners for details on benefit. You may combine your payment together with MIHA Membership subscription.

**Payment has been/will be made via:**

- Cheque/postal order/bank draft to the below address (Cheque No:       )
- Cash Deposit via **Maybank Account # 5623 0200 3030**  
(please fax/send bank-in slip to the below address/number)
- Credit Card :   Member : <http://www.mdex.my/mdex/general/CompanyInfo?action=prod&itemID=28604>  
Non Member : <http://www.mdex.my/mdex/general/CompanyInfo?action=prod&itemID=28605>
- Cash

## 2015 MEMBERSHIP DATABASE PROJECT

Kindly provide as much information as possible for the following fields related to your Industrial Hygiene involvement. You may use additional sheets if required. Your feedback is important for us to develop programs most suitable for your IH field. Please help us help you. For clarification, please email to [rinac@petronas.com.my](mailto:rinac@petronas.com.my). Thank you in advance for your participation.

<b>Name</b>	
<b>MyKad number</b>	
<b>Name of Current Employer</b>	
<b>Type of employment</b> <i>**Examples are Academic, Consultant, Government, Industry by type.</i>	
<b>Current Position Held</b>	
<b>Location Address</b> <i>**This address is where your employment is based</i>	
<b>Contact Address</b> <i>**Only if differ from above</i>	
<b>Contact numbers</b> <i>**Provide us with your Tel Office, Fax, mobiles, etc.</i>	
<b>Email</b>	
<b>Education (university, degree and major)</b> <i>**Tertiary education only. Start with your highest qualification.</i>	
<b>Main IH Practice Area</b> <i>**Please state the approximate % spent on each area. Examples are chemical exposure monitoring, toxicology, noise, health risk assessment, CHRA, ergonomics, lab analysis, non-ionising radiation, etc.</i>	
<b>IH experience</b> <i>**You can opt to send us your latest resume detailing your experience in IH to date</i>	
<b>Registered IH Related Competencies and Year obtained</b> <i>**DOSH, other professional body local or international</i>	
<b>Membership to any other professional society</b>	
<b>International involvement</b> <i>**Please state any papers presented or representation at international level.</i>	
<b>Your interest</b> <i>** Please state your interest for example in Certification Exam (tell us your current status), MIHA Trainer/Facilitator, Training Module development, MIHA Representatives, Sub Committee, Special Projects, SME Programs involvement, etc.</i>	
<b>Expectations</b> <i>**Share with us your expectation from MIHA.</i>	