

## How to apply ISPE Malaysia Membership (for Student Members)

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- Step 1 : Fill up the **NEW MEMBER APPLICATION** form with ADOBE. **\*\*DO NOT PRINT THE FORM. HANDWRITTEN FORM IS NOT ACCEPTED\*\***
- Step 2 : Under Job Title, fill in '**Student**' and under Company, fill in your **university name**.
- Step 3 : Under MEMBERSHIP CATEGORIES, select '**Student**' for '**Emerging Economy Membership**'.
- Step 4 : **Sign** the form by inserting your digital signature, OR image of your scanned signature, OR by typing your name. Fill in the **date**.
- Step 5 : Under LOCAL AFFILIATES AND CHAPTERS, select '**Malaysia**'.
- Step 6 : Make your payment of **RM25** to the account below and provide **proof of payment (bank slip)**.

Bank Name : UOB  
Bank Account Name : ISPE Malaysia  
Account Number : 7183000024  
Reference : ISPE Student  
Other reference details : Other reference details: **UNI YOURNAME**  
(e.g.: SEGi Jane)

- Step 7 : Provide your **student ID (one page of scanned copy with front and back)**.
- Step 8 : Combine all documents (completed form, proof of payment and student ID) into **ONE PDF** with file name as follows:

Type of application	File Name
New	ISPEstudent <b>UNI</b> new <b>NAMEYYYYMMDD</b> e.g.: ISPEstudent <b>SEGi</b> new <b>JANEDOE20231101</b>
Renewal	ISPEstudent <b>UNI</b> renewal <b>NAME20161010</b> e.g.: ISPEstudent <b>MSU</b> renewal <b>JOEDOE20231101</b>

- Step 9 : Send the combined PDF file to [member.ispemalaysia@gmail.com](mailto:member.ispemalaysia@gmail.com).  
Please state 'Membership Application\_ YOUR NAME' at Email Subject Line.  
**\*Please include your existing ISPE membership number in the email, if available.**
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WELCOME TO ISPE MALAYSIA

**Contact Us:** [member.ispemalaysia@gmail.com](mailto:member.ispemalaysia@gmail.com)

\*Updated on 1<sup>st</sup> Nov 2023

## CONTACT INFORMATION (Please complete the form digitally, only digital submissions can be processed using this form)

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Job Title \_\_\_\_\_ Company \_\_\_\_\_

Primary Mailing Address  Home  Work \_\_\_\_\_ Apt./Suite/Mail Stop \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## MEMBERSHIP CATEGORIES (SELECT ONE)

Not sure which membership is right for you? For membership category descriptions, visit [www.ISPE.org/Join](http://www.ISPE.org/Join)  
 Industry level membership includes print and digital subscriptions to *Pharmaceutical Engineering*® magazine.

STANDARD MEMBERSHIP			
Categories	1 Year	2 Years	3 Years
Industry**	<input type="checkbox"/> \$316	<input type="checkbox"/> \$537	<input type="checkbox"/> \$785
Academic/Government*	<input type="checkbox"/> \$121	<input type="checkbox"/> \$218	<input type="checkbox"/> \$327
Student*	<input type="checkbox"/> \$29 Graduation Date: _____ <small>(Required for Processing)</small>		
Recent Graduate*	<input type="checkbox"/> \$121 Graduation Date: _____ <small>(Required for Processing)</small>		

EMERGING ECONOMY MEMBERSHIP			
Categories	1 Year	2 Years	3 Years
Emerging Economy: Tier 2 Countries	<input type="checkbox"/> \$184	<input type="checkbox"/> \$331	<input type="checkbox"/> \$497
Emerging Economy: Tier 3 Countries	<input type="checkbox"/> \$121	<input type="checkbox"/> \$218	<input type="checkbox"/> \$327
Student*	<input type="checkbox"/> \$10 Graduation Date: _____ <small>(Required for Processing)</small>		
Recent Graduate*	<input type="checkbox"/> \$62 Graduation Date: _____ <small>(Required for Processing)</small>		

\*Application proof required. \*\* Includes one-time, non-refundable \$40 new member application fee.

## PAYMENT (Registration requires signature of Eligibility and attached payment.)

**YES!** I would like to include a donation to the **ISPE Foundation:**  
 \$25  \$50  \$100  \$250  Other Amount \$ \_\_\_\_\_

Check enclosed payable in US funds and drawn on a US bank.  
 Charge to my  VISA  MasterCard/EuroCard  American Express

Name of Cardholder \_\_\_\_\_  
(as it appears on card)

Card Number \_\_\_\_\_

Card Zip Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Sign me up for **Auto-Renew!**

By checking this box, I authorize ISPE to automatically renew my membership on my behalf before my membership term expires. **I understand that ISPE will charge my credit/debit card for my membership on an annual basis until I turn Auto-Renew off and that I can turn Auto-Renew off at any time by visiting My Account at ISPE.org. I understand that I have up until 5 days before my membership expiration date to cancel Auto-Renew for the upcoming membership year.** Read more at [www.ISPE.org/Auto-Renew](http://www.ISPE.org/Auto-Renew) and only check this box once you review.

### 4 EASY WAYS TO JOIN

**Online:** [www.ISPE.org/Join](http://www.ISPE.org/Join)  
**Email:** [ask@ISPE.org](mailto:ask@ISPE.org)  
**Mail:** ISPE  
 3001 North Rocky Point Drive East,  
 Suite 200  
 Tampa, FL 33607 USA  
 Contact **Member Services** with any questions  
 +1-813-960-2105.

### Calculate Your Total

Dues	\$
Foundation	\$
Total Enclosed	\$

## ELIGIBILITY/CANCELLATION/REFUND POLICY

I hereby apply for ISPE membership and certify that all statements in this application are correct, and if elected to membership, agree to be governed by the ISPE Codes of Conduct, which can be found at <https://ispe.org/sites/default/files/membership/codes-of-conduct.pdf>. All ISPE members are entitled to vote on matters pending before the Society, hold office, and serve on committees. Memberships are individual and not transferable to others. You may terminate your membership with a full refund within 30 days of purchase via written notice to [ask@ispe.org](mailto:ask@ispe.org). Please note we do not accept terminations via phone. Membership purchased in conjunction with a conference or training event is only refundable upon approved cancellation of an event.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## LOCAL AFFILIATES AND CHAPTERS

(select only one)

Network with industry professionals and regulators in your region and attend local events with your complimentary membership in an ISPE Affiliate or Chapter. Visit [ISPE.org/Affiliates\\_Chapters](https://www.ispe.org/Affiliates_Chapters) for more information.

Argentina

Australasia (select only one)

- Adelaide
- Brisbane
- Melbourne
- New Zealand
- Sydney

Belgium

Brazil

Canada

Czech Republic, Slovakia

Eurasia

France

Germany, Austria, Switzerland

India (select only one)

- India Affiliate (Mumbai)
- Ahmedabad Chapter
- Bangalore Chapter
- Hyderabad Chapter

Indonesia

Ireland

Italy

Japan

Korea, Republic of

Malaysia

Mexico

The Netherlands

Nordic (Sweden, Denmark, Norway, Finland, Iceland)

Philippines

Poland

Singapore

Spain

Thailand

Turkey

United Kingdom (select only one)

- Central
- North East
- North West
- Southern

United States (select only one)

- Boston Area (Massachusetts, Maine, New Hampshire, Rhode Island, Vermont, Connecticut, Upstate New York)
- Carolina-South Atlantic (North and South Carolina, Georgia, Florida, Alabama, Tennessee)
- Chesapeake Bay Area (Maryland, Washington DC, Northern Virginia)
- Delaware Valley (Eastern Pennsylvania, Southern New Jersey, and Delaware)
- Great Lakes (Ohio, Indiana, Illinois, Michigan, Wisconsin, Kentucky)
- Greater Los Angeles Area (Los Angeles, Orange, Ventura, and Riverside Counties)
- Midwest (Missouri, Kansas, Nebraska, Iowa, Minnesota)
- New Jersey (New Jersey, New York, and Northeastern Pennsylvania)
- Pacific Northwest (Washington, Oregon)
- Rocky Mountain (Colorado, Utah)
- San Diego (San Diego North to South Orange County)
- San Francisco Bay Area (Northern California)
- South Central (Texas, Oklahoma, Louisiana)
- Southwest (Arizona, New Mexico, and Nevada)
- I do not elect Affiliate or Chapter membership.

There is no Affiliate or Chapter in my area.

\$45 of dues is allocated for the printed edition of the *Pharmaceutical Engineering* (\$25 for digital edition). Discounted memberships receive digital only. Members may not deduct the subscription price from dues. Prices good through 31 December 2024. After that, please visit [ISPE.org/Join](https://www.ispe.org/Join) for current rates and updated Membership Application.

All ISPE members are entitled to vote on matters pending before the Society, hold office, and serve on committees. **Memberships are individual and not transferable to others.** Contact Member Services at [ask@ispe.org](mailto:ask@ispe.org) for assistance

### REFERENCES

General Membership Information: [ISPE.org/Join](https://www.ispe.org/Join)

ISPE Foundation: [ISPE.org/Foundation](https://www.ispe.org/Foundation)

Emerging Economies: [ISPE.org/Emerging-Economy-Countries](https://www.ispe.org/Emerging-Economy-Countries)

Membership Tiers: [ISPE.org/Membership-Dues](https://www.ispe.org/Membership-Dues)

ISPE Code of Conduct: [ISPE.org/Codes-of-Conduct](https://www.ispe.org/Codes-of-Conduct)

Auto-Renew Policy: [ISPE.org/Auto-Renew](https://www.ispe.org/Auto-Renew)

## CONTACT INFORMATION (Please complete the form digitally, only digital submissions can be processed using this form)

Prefix \_\_\_\_\_ First Name SITI MAIZURAH MI \_\_\_\_\_ Last Name ZULKAFLI

Job Title STUDENT Company UNIVERSITY MALAYSIA PAHANG AL-SULTAN ABDULLAH

Primary Mailing Address  Home  Work NO.13, JALAN DM3B, DESA MOCCIS Apt./Suite/Mail Stop \_\_\_\_\_

City SUNGAI BULOH State/Province SELANGOR Country MALAYSIA ZIP/Postal Code 47000

Email Address maizurahzulkafli@gmail.com Business Phone \_\_\_\_\_ Mobile Phone +6011-23467684

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Student*	<input checked="" type="checkbox"/> \$10	Graduation Date: <u>2026</u> <small>(Required for Processing)</small>	
Recent Graduate*	<input type="checkbox"/> \$62	Graduation Date: _____ <small>(Required for Processing)</small>	

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Charge to my  VISA  MasterCard/EuroCard  American Express

Name of Cardholder \_\_\_\_\_  
(as it appears on card)

Card Number \_\_\_\_\_

Card Zip Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

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**Mail:** ISPE  
 3001 North Rocky Point Drive East,  
 Suite 200  
 Tampa, FL 33607 USA  
 Contact **Member Services** with any questions  
 +1-813-960-2105.

### Calculate Your Total

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Foundation	\$ _____
Total Enclosed	\$ _____

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 Applicant's Signature

14 October 2024

Date

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(select only one)

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Argentina

Australasia (select only one)

- Adelaide
- Brisbane
- Melbourne
- New Zealand
- Sydney

Belgium

Brazil

Canada

Czech Republic, Slovakia

Eurasia

France

Germany, Austria, Switzerland

India (select only one)

- India Affiliate (Mumbai)
- Ahmedabad Chapter
- Bangalore Chapter
- Hyderabad Chapter

Indonesia

Ireland

Italy

Japan

Korea, Republic of

Malaysia

Mexico

The Netherlands

Nordic (Sweden, Denmark, Norway,  
Finland, Iceland)

Philippines

Poland

Singapore

Spain

Thailand

Turkey

United Kingdom (select only one)

- Central
- North East
- North West
- Southern

United States (select only one)

- Boston Area (Massachusetts, Maine,  
New Hampshire, Rhode Island, Vermont,  
Connecticut, Upstate New York)
- Carolina-South Atlantic (North and South  
Carolina, Georgia, Florida, Alabama,  
Tennessee)
- Chesapeake Bay Area (Maryland, Washington  
DC, Northern Virginia)
- Delaware Valley (Eastern Pennsylvania,  
Southern New Jersey, and Delaware)
- Great Lakes (Ohio, Indiana, Illinois, Michigan,  
Wisconsin, Kentucky)
- Greater Los Angeles Area (Los Angeles,  
Orange, Ventura, and Riverside Counties)
- Midwest (Missouri, Kansas, Nebraska, Iowa,  
Minnesota)
- New Jersey (New Jersey, New York, and  
Northeastern Pennsylvania)
- Pacific Northwest (Washington, Oregon)
- Rocky Mountain (Colorado, Utah) San Diego  
(San Diego North to South Orange  
County) San Francisco Bay Area (Northern  
California)
- South Central (Texas, Oklahoma, Louisiana)
- Southwest (Arizona, New Mexico, and  
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Membership Tiers: [ISPE.org/Membership-Dues](https://www.ispe.org/Membership-Dues)

ISPE Code of Conduct: [ISPE.org/Codes-of-Conduct](https://www.ispe.org/Codes-of-Conduct)

Auto-Renew Policy: [ISPE.org/Auto-Renew](https://www.ispe.org/Auto-Renew)





## Transaction Receipt

**DuitNow**

**Successful**

Reference No.

**20241014ORM121730545327**

**14 Oct 2024 06:39 pm**

Recipient Name

**ISPE MALAYSIA**

Recipient Account Number

**7183000024**

Recipient Bank Name

**United Overseas Bank Berhad**

Transfer Type

**Fund Transfer To Savings/Current**

Recipient Reference

**ISPE Student**

Other Payment Details

**UMPSA Siti Maizurah Zulkafli**

Amount

**RM 25.00**

**Note:** This receipt is computer generated  
and no signature is required.