

ACCPM (PPM-005-14-19032019)

i.e., Association of Certified Construction & Project Development Managers, Malaysia
 @ Suite 20-07, Level 20, CENTRO Office Tower, 8, Jalan Batu Tiga Lama, 41300 KLANG,
 Selangor, Malaysia. Email: accpmm@yahoo.com; Whatsapp HP: +6012-3333 822.

Affix 1st Photo
 here.
 (Please enclose
 2nd photo with
 this application.)

Membership Application Form

Date:

D	D

M	M

2	0	2	4
Y	E	A	R

Please **TICK (v)** in the box for the grade of membership (except Corporation, & Student) chosen:

<input type="checkbox"/>	Certified Fellow Builder (FACCPM)	<input type="checkbox"/>	Probationer (Pro.ACCPM)
<input type="checkbox"/>	Certified Builder (BACCPM)	<input type="checkbox"/>	Graduate (Grad.ACCPM)
<input type="checkbox"/>	Member (MACCPM)	<input type="checkbox"/>	Corp. Corporation (Corp.ACCPM)
<input type="checkbox"/>	Associate (AACCPM)	<input type="checkbox"/>	Stud. (NB: Use Student Application Form)

(NB: (i) * means "Delete" as appropriate) &/or (ii) Leave blank if not applicable)

PART I- PERSONAL PROFILE

Full Name (as per NRIC): _____ Gender*: Male / Female

NRIC:

--	--	--	--	--	--

--	--

--	--	--	--

 *CCPM / CCM / CSCM No.

--	--	--	--	--	--	--	--

Correspondence Address: _____

Postcode: _____ City: _____ State: _____ District: _____

House Tel: _____ Fax: _____ H/P: _____ Email: _____

PART II- EMPLOYMENT DETAIL

Name of Company: _____ SSM No. _____

Office Address: _____

Postcode: _____ City: _____ State: _____ District: _____

Designation: _____ Tel. No. _____ Fax No. _____

Webpage: _____ Company Email: _____

Academic Qualification (NOTE: Must be filled, unless not applicable):

No.	Name of Qualification	Institution (Country)	Year of Graduation

“ACCPM 2024 Membership Application Form”

Employment Experience (NOTE: Must be filled, unless not applicable):

No.	Company Name	Post Held	Period (Year-Year)	
			From	To

Professional Body Membership (NOTE: Must be filled, unless not applicable):

No.	Professional Body	Membership		Since (Year)
		Category	No.	

Statutory Body Registration (NOTE: Must be filled, unless not applicable):

No.	Statutory Body	Registration		Since (Year)
		Status	No.	

Category of Membership Applied For (NB: Choose by Ticking (v) on the relevant TOP CELL marked *):

*Tick (v)	*	*	*	*	*	*	*
Membership Grade	Certified Fellow	Certified Builder	Member	Associate	Probationer	Graduate	Corporation
Registration Fee	25.00	25.00	25.00	25.00	25.00	20.00	25.00
Membership Fee	75.00	60.00	50.00	50.00	40.00	20.00	150.00
TOTAL	100.00	85.00	75.00	75.00	65.00	40.00	175.00

Mode of Payment:

EITHER (a) By “Direct Bank Online Transfer” in favour of **“ACCPM”** (Maybank Account No. **512232005798**), with proof of payment attached to this application form. (NB: Do write your name clearly on the remittance / transfer slip.)

OR (b) By attaching crossed “A/C Payee Only” Cheque, Bank Draft, Money or Postal Order made in favour of **“ACCPM”** to this application form.

“ACCPM 2024 Membership Application Form”

APPLICANT’S DECLARATION:

I, _____ DO HEREBY declare that the details furnished hereof are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case of any of the above information is found to be untrue, misleading or misrepresenting, I am aware that I may be held responsible for it.

Signature		Date	D	D	-	M	M	-	Y	Y	Y	Y

PROPOSER	(Signature)	SECONDER	(Signature)
Name		Name	
ACCPM Membership No.		ACCPM Membership No.	

FOR ACCPM OFFICE USE ONLY

IN NEED OF PROFESSIONAL INTERVIEW YES NO

INTERVIEW */ ASSESSMENT RESPONSE:

INTERVIEWED BY */ APPROVED BY:

1ST ASSESSOR	(Signature)	2ND ASSESSOR	(Signature)
NAME		NAME	
ACCPM Membership No.		ACCPM Membership No.	

APPLICATION APPROVED **APPLICATION NOT APPROVED**

Committee Meeting Date:

Honorary Secretary Sign- off:

ACCPM Membership Application Check-List

(NB: Leave blank where appropriate)

- 1 **Only 2024 Fee** is payable to “ACCPM” (Maybank Account No. 512232005798) upon submission of application now.
{NB: It is refundable immediately if application is not successful}.
- 2 Two (2) NRIC size photos.
- 3 A photocopy of NRIC (Front & Back).
- 4 Certified True Copy of Certificate of CCPM / CCM / CSCM from CIDB., and/ or CIOB/ CIBE professional body certificate(s).
- 5 Certified True Copy of relevant academic & other professional body membership certificate(s).
- 6 A copy of recent CV (NOTE: Kindly provide it to avoid any delay in processing).
- 7 The Proposer and Seconder must be members of ACCPM (of whom they must be either a Certified Fellow Builder, Certified Builder or Member). Their annual subscription must be current.
(NB: If it is difficult to find a Proposer and Seconder, please leave it to the Secretariat, who will recommend them for the Applicant.)
- 8 Please deliver the “**SOFTCOPY**” of your completed application form & supporting documents to ***accpmy@yahoo.com***