

ACCPM (PPM-005-14-19032019)

Association of Certified Construction & Project Development Managers, Malaysia

Whatsapp H/P: 012-3333 822, Email: accpmmmy@yahoo.com

Membership Upgrading Form

Date:

| | |
|---|---|
| | |
| D | D |

| | |
|---|---|
| | |
| M | M |

| | | | |
|---|---|---|---|
| 2 | 0 | 2 | |
| Y | E | A | R |

Please **TICK (v)** in the box for the category of membership involved:

(A) Existing/ Current Category of Membership:

| | |
|------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Certified Fellow (FACCPM) | <input type="checkbox"/> Probationer (Pro.ACCPM) |
| <input type="checkbox"/> Certified Builder (CCPM/CCM/CSCM) | <input type="checkbox"/> Graduate (Grad.ACCPM) |
| <input type="checkbox"/> Member (MACCPM) | <input type="checkbox"/> Student (Stud.ACCPM) |
| <input type="checkbox"/> Associate (AACCPM) | <input type="checkbox"/> Corporate (Corp.ACCPM) |

(B) New Category of Membership Applied For Now (If Any):

| | |
|------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Certified Fellow (FACCPM) | <input type="checkbox"/> Probationer (Pro.ACCPM) |
| <input type="checkbox"/> Certified Builder (CCPM/CCM/CSCM) | <input type="checkbox"/> Graduate (Grad.ACCPM) |
| <input type="checkbox"/> Member (MACCPM) | <input type="checkbox"/> Student (Stud.ACCPM) |
| <input type="checkbox"/> Associate (AACCPM) | <input type="checkbox"/> Corporate (Corp.ACCPM) |

*(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: _____

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

PART II- FURTHER DETAIL

Name of Current Company: _____ SSM No. _____

Office Address: _____

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

Webpage: _____ Company Email: _____

Additional Academic Qualification (If Any):

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

Additional Working Experience (If Any):

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

Additional Professional Body Membership:

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

Additional Statutory Body Registration (If Any):

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

New Category of Membership Applied For Now (NB: Choose by marking [X] on the TOP CELL marked *):

| *TICK (✓) at Top Cell | * | * | * | * | * | * | * |
|----------------------------|--------------------------|-------------------|---------|-----------|-------------|----------|-------------|
| Annual Membership Fee (RM) | Certified Fellow Builder | Certified Builder | Member | Associate | Probationer | Graduate | Corporation |
| Registration Fee | RM25.00 | RM25.00 | RM25.00 | RM25.00 | RM25.00 | RM20.00 | RM25.00 |
| Membership Fee | RM75.00 | RM60.00 | RM50.00 | RM50.00 | RM40.00 | RM20.00 | RM150.00 |
| TOTAL | RM100.00 | R85.00 | RM75.00 | RM75.00 | RM65.00 | RM40.00 | RM175.00 |

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.

APPLICANT'S DECLARATION:

I, _____ DO HEREBY declare that the details furnished above 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 | E | A | R |
| | | | | | | | | | | | | |

| | | | |
|----------------------|-------------|----------------------|-------------|
| 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 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 Subscription Fee** is payable to “ACCPM” (Maybank Account No. 512232005798) upon submission of application now.
- 2 “Nil” Two (2) NRIC size photos.
- 3 “Nil” A photocopy of NRIC.
- 4 **Additional** Certified True Copy of relevant academic certificates.
- 5 **Additional** Certified True Copy of *CCPM / CCM / CSCM Certificate from CIDB.
- 6 A copy of recent CV. (Application without CV may cause delay in processing.)
- 7 The Proposer and Secunder 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 Secunder, please leave it to the Secretariat, who will get them for the applicant.)
- 8 Please deliver the “SOFTCOPY of your completed application form and supporting documents to Email: ***accpmmmy@yahoo.com***