



**ASSOCIATION OF NUTRITIONAL MEDICINE PRACTITIONERS, MALAYSIA**

Persatuan Pengamal Perubatan Nutrisi, Malaysia  
6-1, Jalan Excella 2, Tmn Ampang Hilir, 55100 Kuala Lumpur.  
Tel: 03-42700701; Fax: 03-42700741/42701831  
www.anmp.org.my

**MEMBERSHIP APPLICATION FORM**

Name of practitioner: .....

Date of Birth:.....

Identity Card No:.....

Gender: ..... Nationality:..... Race:.....

Place of Business: .....

.....

Tel: (     ) ..... Fax: (     ) .....

House Address: .....

.....

Tel: (     ) ..... Fax: (     ) .....

Email: .....

Website: .....

Profession/ Occupation: .....

Highest Academic qualification from which University / leaning institutions (if any)

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Highest professional qualification in Nutritional Medicine from which University/learning Institution:  
(Photocopies of the certificate is to be enclosed with this application)

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Other related professional qualifications (if any)

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Category of membership (Please refer below):

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**Membership Categories**

1. Associate Members (*ANMedP*)

This category of membership is opened to students and members of the public who are interested in promoting the objectives of the ANMPM  
(Admission Fee: RM100 Annual Fee: RM50)

2. Graduate Members (*GNMedP*)

This category of membership is opened to candidates who have successfully completed all academic but not the clinical requirements for full membership of the ANMPM  
(Admission Fee: RM100 Annual Fee: RM50)

3. Full Members (*MNMedP*)

This category of membership is opened to candidates who have met all academic and clinical requirements to practice nutritional medicine/therapy. It is also awarded to medical practitioners, conventional or otherwise, who are certified by either the American Board of Anti-aging Health Practitioners (A4M) in anti-aging medicine or by the American Board of Anti-aging & Regenerative Medicine.  
(Admission RM200 Annual Fee: RM100)

4. Fellow Members (*FNMedP*)

This category of membership is opened to practising members who have met all academic and clinical requirements for Full membership and possess at least five years of continuous clinical experience in nutritional medicine and/or have rendered outstanding contribution to the objectives of the ANMPM. Award for this category is at the discretion of the Membership Committee and requires the approval by the Council of the ANMPM.  
(Admission Fee: RM300 Annual Fee: RM150.00)

5. Honorary Fellow Member

This category of membership is opened to non-practising individuals who have made outstanding contribution to the growth and/or objectives of the ANMPM Award for this category is at the discretion of the Membership Committee and requires the approval by the Council of the ANMPM.

I enclose payment of RM..... for the registration and membership fee for 1 year. Please also enclose one photo for the file.

I declare that the above particulars are true and I will abide by the rules and regulation of the society.

.....  
Signature of Applicant

.....  
Date