

PROFESSIONAL / ACADEMIC PROFILE

Professional Qualifications	1.		YEAR
	2.		
	3.		
Highest Academic Qualification			
Other Qualifications	1.		
	2.		

STATEMENT BY THE PROPOSER AND SECONDER (To verify the Applicant's statements as far as possible from their personal knowledge)

I, the Proposer as PUJA (Brunei) Corporate Member of same discipline, recommend him/her worthy of the distinction of being elected a member of the Institution.

Name of Proposer			
From: Practice/Department			
Period of Acquaintance		Signature	

The undersigned PUJA (Brunei) Corporate Member (need not be of same discipline) concur with the above recommendation from personal knowledge:

Name of Seconder			
Period of Acquaintance		Signature	

AREA OF INTERESTS

I am interested in the following area(s):

☐	Continuous Professional Development	☐	Others (Please state below)
☐	Media and Publication	1.	
☐	Professional Practice and Conduct	2.	
☐	Information and Communication Technology	3.	

UNDERTAKINGS TO BE SIGNED BY THE APPLICANT

I hereby declare that the information given above is true and if selected, I shall abide by the Constitution and the Code of Professional Conduct of PUJA (Brunei) for the time in force, and that I will accept as final and binding the decisions of the Council on all matters dealt with by them in accordance with the provisions of the said Constitution, By-laws and Regulations; and will forthwith cease to describe myself as a **Non-Corporate Member** or to designate myself as belonging to the Institution in any form, on receipt of a notice from the Secretary that, acting under the powers conferred upon them by the Constitution, By-laws and regulations, the Council have declared me to be no longer a Non-Corporate Member of the Institution. I will further undertake that I will promote the objects of the Institution as far as may be in power provided that whenever I shall signify in writing to the Secretary that I am desirous of withdrawing from the Institution, I shall, after the payment of any arrears, which may be due from me at the period, be free from this obligation.

I accept responsibility for the accuracy of the particulars contained in this application form and agree that if I am elected the validity of my election shall depend upon the accuracy of such particulars as required by the By-laws.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Category of Membership:	Graduate / Associate / Student		
Result of Application:	☐ Recommended	☐ Not Recommended	☐ Deferred
Date of recommendation:	/ /	Membership No.	
Signature of Division's Chairman	Signature of Secretary General		