



(Reg. No: PPM-044-10-31012017)

## Membership Registration Form

### Details on Institution

Name of Institution : \_\_\_\_\_

Registration with (please specify) : \_\_\_\_\_  
(e.g., Ministry of Higher Education/Ministry of Human Resources, etc.)

Institution Registration No. : \_\_\_\_\_  
(Please attach a copy of registration certificate/letter)

MQF Level 6 or Higher Degree Granting Institution :  Yes  No

I hereby read and understood the Constitution of MyQAN 2017. Here I confirmed for my Institution membership and fee as below (Please tick **X**)

- Full Member (Annual)** (RM 150.00 per annum)  
*\*Offering MQF Level 6 programmes or above*
- Associate Member** (RM 100.00 per annum)  
*\*Offering MQF Level 5 programmes or below*
- Full Member (Lifetime)** (RM 1000.00)  
*\*Not applicable for Associate Member.*

Cheque or Electronic Funds Transfer (EFT)

Payable : MYQAN  
Bank : Maybank Islamic Bank  
Account No. : 562263525411

Please kindly submit your proof of payment together with this form to MyQAN Secretary at **myqan.sec@gmail.com**. Failure to do so will result in the application form being returned as incomplete.

**Official stamp:**

.....  
**Signature and name of Institution  
Highest Authority  
(Vice Chancellor/President/Rector)**

**Date:**

# Membership Registration Form

## Details on Vice Chancellor/ President

Name : \_\_\_\_\_

Position : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone : \_\_\_\_\_

E-Mail : \_\_\_\_\_

## Details on IQA Officer

Name of Internal Quality Assurance (IQA) Office : \_\_\_\_\_

Name of IQA Office Head : \_\_\_\_\_

Position of IQA Head : \_\_\_\_\_

Address of IQA Office : \_\_\_\_\_

Telephone : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Website : \_\_\_\_\_

Thank you.