



The Association of Consulting Licensed Land Surveyors Sarawak
(Persatuan Perunding Jurukur Berlesen Sarawak)
(ACLS)

2024-2026

Chairman: Datu Sr Sudarsono Osman

Secretary: Sr John Cheu Teck Hook

APPLICATION FOR MEMBERSHIP ACLS

To: The Association of Consulting Licensed Land Surveyors Sarawak (ACLS)

I, _____ (IC NO.) _____

of firm name _____

Office Address _____

Telephone No. (Office) _____ (Home) _____ (Mobile) _____

Fax No. _____ Email Address _____ hereby apply as

a member of the Association.

2. In support with this application, I attach hereto the following document:

a) Photocopy of Malaysian Identity Card

Dated this _____ day of _____, 20_____.

_____ (Signed)

(Name of Applicant)

ACLS MEMBERSHIP REGISTER

Personal Particulars:

| | | |
|----------------------------------|---|-------|
| Serial No. | : | _____ |
| Name | : | _____ |
| Membership Type | : | _____ |
| Date Admitted | : | _____ |
| LSB Registration No. | : | _____ |
| Academic Qualification | : | _____ |
| & Institution | : | _____ |
| Professional Membership | : | _____ |
| IC No. | : | _____ |
| Date & Place of Birth | : | _____ |
| Nationality | : | _____ |
| Mobile Phone | : | _____ |
| Email | : | _____ |
| Home Address | : | _____ |
| | | _____ |

Company Particulars:

Company Name : _____
Office Address : _____
Postal Address : _____
Email : _____
Telephone No. : _____
Fax No. : _____

I hereby confirm that the above personal particulars are true and correct.

Dated this _____ day of _____, 20_____.

_____ (Signed)

(Name of Applicant)