

CIGRE MEMBERSHIP REGISTRATION FORM

Full Name (STUDENT #1)						
Year of Birth						
Email Address						
Telephone Numbers	1					S
Full Name (STUDENT #2)	1				7	NOMINATED STUDENTS
Year of Birth			, — — — — — — — — — — — — — — — — — — —	/)		S STU
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Full Name (STUDENT #3)		1				ž
Year of Birth		1	la constant			
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Telephone Numbers		1		S. 4		
Member's Name		1				· ·
Email Address		- 70				
Department & Institution						
Mailing Address						
	18				8	
Signature & Date	2					

Information

- Students of selected local universities from power engineering courses/departments are offered **FREE** membership with limited criteria.
- Each registered Individual membership from the educational institution is entitled to THREE Student membership for that year from the same establishment.
- The THREE abovementioned nominations must be agreed and approved by Head of Department, Dean of Faculty/School of Engineering or equivalent position.
- Please complete the blank sections above and email us the scanned copy of the form, including any payment transcript:-
 - > Secretary = ridzal@tnb.com.my & dridzal@gmail.com
 - > Treasurer = sharifbj@gmail.com & mnc.cigre@gmail.com
- For further enquiries, please visit our website at http://www.cigre.org.my.