

Membership Application Form (Sample)

Applicant details

Full name: _____ Registration number: _____

Workplace

Facility / island: _____ Profession: _____

Declaration

I agree to MHPU's membership terms and authorise deduction of the monthly subscription fee.

Signature: _____ Date: _____

This is a placeholder document generated for demonstration purposes and should be replaced with MHPU's approved content.