



# Persatuan Sumber Autisme Ibubapa Malaysia

(Parents' Resource for Autism, Malaysia) (PR4A) (1323-05-5)

## Associate Membership Application Form

### CHECKLIST

Photocopy of Applicant's NRIC or Passport

Registration Fee

### Referee's Information

Proposed By: \_\_\_\_\_ Seconded By: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_

### Member's Information

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

NRIC: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
*Home Address*

City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Address: \_\_\_\_\_  
*Correspondence Address if differ from the above*

City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Home Office Mobile*

Fax: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Company's No: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

### Membership Type and Fee

Option	Membership Type	Joining Fee	Annual Fee	Total
( )	Associate	RM10	RM20	RM30

### Terms and Conditions

1. Malaysian at age 18 & above (Please submit a photocopy of I.C. for verifications and record.)
2. Every application for membership shall be proposed and seconded by two existing members and submit to the Committee for approval.
3. No university or university-college student can be allowed to be a member of the Society without the prior written approval from the Vice-Chancellor of the university concerned or approval by law.

**IMPORTANT DECLARATION & SIGNATURE**

*I/We hereby confirmed the information stated in this form is true and complete and I/We have not concealed and misstated any material fact that may influence the approval of membership. Membership will only be effective after the payment of joining fee and the first year annual fee. I/We also confirmed that I/we have read and understood all rules & regulations stated in the constitutions of Parents Resource of Autism, Malaysia as per registered with the Registrar of Society, Malaysia. It is further understood and agreed that the Committee may at its discretion reject any application without assigning any reason therefore.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
*Member*

**Payment Instruction**

Payee Name: Parents' Resource for Autism, Malaysia  
Payment mode: Cheque / Draft Cheque/Draft Details: \_\_\_\_\_  
*Cheque/Draft Number*

Address: Parents' Resource for Autism, Malaysia Person-In-Charge: Ong Bee Yang H/P : 012-2019648  
Member Service & Resource Centre Josephine Woo H/P : 012-2785771  
Unit 2-5, One Avenue  
Dataran Pelangi Utama  
Jalan Masjid PJU 6A  
47400 Petaling Jaya Tel : 603 – 7725 2598

**For Office Use**

Admission Date: \_\_\_\_\_ Total Fee Collected: RM  
Approved Date: \_\_\_\_\_ Method of Payment: Cash/Cheque/Draft  
Membership Type: Associate Member Transaction Record: \_\_\_\_\_  
Membership Number: - -  
Membership Approve by: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

Name: \_\_\_\_\_  
Membership Number: - -  
EXCO Position: \_\_\_\_\_

Name: \_\_\_\_\_  
Membership Number: - -  
EXCO Position: \_\_\_\_\_