



# Persatuan Sumber Autisme Ibubapa Malaysia

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

## Corporate Membership Application Form

### CHECKLIST

Malaysian Co. / Foreign Co. Certificate of Incorporation, Form 49 & Board Resolution  
 Partnership Certificate of Registration  
 Sole Proprietor Business Registration  
 Society / Cooperative Certificate of Registration & Committee's Resolution  
 Registration Fee


### Referee's Information

Proposed By: \_\_\_\_\_ Seconded By: \_\_\_\_\_  
 Membership Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_

### Member's Information

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

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: \_\_\_\_\_

### Nominee's Name

Nominee's Name \_\_\_\_\_

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: \_\_\_\_\_

### Membership Type and Fee

Option	Membership Type	Joining Fee	Annual Fee	Total
( )	<i>Corporate</i>	<i>RM10</i>	<i>RM500</i>	<i>RM510</i>

### Terms and Conditions

1. *Local register company (Please submit a photocopy of Form 9 or Form 13 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: <u>Corporate Member</u>	Transaction Record: _____	_____
Membership Number: _____		
Membership Approve by: _____		

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

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

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

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

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

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

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

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