



Persatuan Sumber Autisme Ibubapa Malaysia

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

Membership Application Form (Ordinary / Life)

CHECKLIST

Photocopy of Applicant's NRIC or Passport

Autism related identification documents

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 _____

Spouse's Information

Full Name: _____ Preferred Name: _____ Gender: _____

NRIC/Passport: _____ Nationality: _____ Religion: _____

Date of Birth: _____ Occupation: _____

Child's Information

Full Name: _____ Preferred Name: _____ Gender: _____

NRIC/Passport: _____ Nationality: _____ Religion: _____

Date of Birth: _____ Diagnosed Age: _____ No. of Sibling: _____

Diagnosed As: _____

Note : If you have more than one Autistic child, please use a separate sheet of paper to provide the additional child's information

Membership Type and Fee

Option	Membership Type	Joining Fee	Annual Fee	Total
()	Ordinary	RM10	RM20	RM30
()	Life	RM500	Nil	RM500

Terms and Conditions

1. Malaysian at age 18 & above (Please submit a photocopy of I.C. for verifications and record.)
2. Autism Individual /Parents of Autism /Siblings of Autism / Guardian of Autism. (Please submit the autism related identification documents for membership approval)
3. Every application for membership shall be proposed and seconded by two existing members and submit to the Committee for approval.
4. 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 Tel : 603 - 7725 2598
47400 Petaling Jaya

For Office Use

Admission Date: _____ Total Fee Collected: _____ RM
Approved Date: _____ Method of Payment: _____ Cash/Cheque/Draft
Membership Type: Ordinary / Life Transaction Record: _____
Membership Number: - -
Membership Approve by: _____

Signature

Signature

Name: _____
Membership Number: - -
EXCO Position: _____

Name: _____
Membership Number: - -
EXCO Position: _____