*AFFIX PHOTO HERE*



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF INVOLMENT** | | | | | | | | | | | |  | **TYPE OF MEMBERSHIP** | | | | | |
| MEDICAL NON-MEDICAL | | | | | | | | | | | |  | ORDINARY LIFE | | | | | |
|  | | | | | | | | | | | |  |  | | | | | |
| **MEMBER APPLICATION FORM** | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | NRIC No.  &  Colour | | |  | | |
| Date of Birth: | | |  |  |  | Gender: | | | Male Female | | | |  | | |
|  | | |
| Martial Status: | | | Single Married | | | | | | Blood Group: | |  | | Nationality: | | |  | | |
| Language (s): | | | Spoken: | | | | | | Written: | | | | Passport No.  &  Expiry Date | | |  | | |
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|  | | |
|  | | |
| Occupation: | | |  | | | | | | Specialised In | | | |  | | |  | | |
| Home Address: | | | | | | | | | Organisation: | | | |  | | |  | | |
|  | | | | | | | | | Office Address: | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |
|  | | | Postcode: | | | | |  |  | | | | Postcode: | | |  | | |
| Mobile Tel. No.: | | |  | | | | | | Office Tel. No.: | | | |  | | | | | |
| Home Te;. No.: | | |  | | | | | | Office Fax No.: | | | |  | | | | | |
| Email Address: | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **RELIEF MISSION/PROGRAMME EXPERIENCE** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Domestic Relief Mission & Humanitarian Services** | | | | | | | | | | | | | | | | | | |
| **No.** | **Mission/Programme (e.g. Mobile Clinic, Belum Forest, Perak etc)** | | | | | | | | | | | | | | | | | **Date** |
| **1.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **2.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | | | | | | | | | | | | | | | | | | |
| **International Relief Mission & Humanitarian Services** | | | | | | | | | | | | | | | | | | |
| **No.** | **Mission/Programme (Please indicate country and mission no.)** | | | | | | | | | | | | **Country** | | | **Mission No.** | | **Date** |
| **1.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **2.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | | | | | | | | | | | | | | | | | | |
| **Other Contributions (e.g. warehouse management, hygiene kit/medical supplies packing etc)** | | | | | | | | | | | | | | | | | | |
| **1.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | |
| **2.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | **PROPOSER AND SECONDER BY AN ORDINARY AND/OR LIFE MEMBER** | | | | | | | | | | | | | | | | | |
| **Proposer** | | | | | | | | | | | | | | **Ordinary Member Life Member** | | | | |
|  | | | | | | | | | | | | | |  | | | | |
| **Membership No.** | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
|  | | | | | | | | | | | | | |  | | | | |
| **Seconder** | | | | | | | | | | | | | | **Ordinary Member Life Member** | | | | |
|  | | | | | | | | | | | | | |  | | | | |
| **Membership No.** | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
|  | | | | | | | | | | | | | |  | | | | |
| **I declare that the information provided above, in the best of my knowledge, is true and corrrect. I agree to abide by all rules and regulation set by MERCY Malaysia and I am fully aware that MERCY Malaysia has the right to reject or suspend my application should there be any flase information provide in this application form or found to be incorrect.** | | | | | | | | | | | | | | | | | | |
| **.......................................................................................** | | | | | | | | | | | **.......................................................................................** | | | | | | | |
| **SIGNATURE** | | | | | | | | | | | **DATE** | | | | | | | |
| **MEMBERSHIP FEE (MYR)** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Ordinary Membership Fee** | | | | | | | | | | | **Life Membership Fee**  *(No annual subscription)* | | | | | | | |
| Entrance Fee | | | | | | | RM50 | | | | Entrance Fee | | | | | | RM50 | |
| Anual Fee | | | | | | | RM60 | | | | Anual Fee | | | | | | RM500 | |
| **Total Fee** | | | | | | | **RM110** | | | | **Total Fee** | | | | | | **RM550** | |
|  | | | | | | | | | | | | | | | | | | |
| **Note:** | **1.** | **Your application MUST be proposed and seconded by an Ordinary and/or Life Member** | | | | | | | | | | | | | | | | |
| **2.** | **Your application will be forwarded to the Executive Council for consideration** | | | | | | | | | | | | | | | | |
| **3.** | **Please attached your latest CV for our reference and retention** | | | | | | | | | | | | | | | | |
| **4.** | **You may be called for an interview** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Please send your completed form to:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Compliance Officer** | | | | | | | | | | | | | | | | | | |
| **Malaysian Medical Relief Society** | | | | | | | | | | | | | | | | | | |
| **(Persatuan Bantuan Perubatan Malaysia) Reg. No. PPM-020-14-16091999** | | | | | | | | | | | | | | | | | | |
| **Unit 19-8, 19th Floor, Menara Oval Damansara,** | | | | | | | | | | | | | | | | | | |
| **No.685, Jalan Damansara, 60000 Damansara, Kuala Lumpur** | | | | | | | | | | | | | | | | | | |
| **Tel: 603 7733 5920** | | | | | | | | | | | **Fax: +603 7733 4920** | | | | | | | |
| **Email:** [**info@mercy.org.my**](mailto:info@mercy.org.my) | | | | | | | | | | | **Website:** [**www.mercy.org.my**](http://www.mercy.org.my) | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | |
| Ref. No. | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Date Received: | | | | | | | | | | by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Acknowledgement Letter Issued - | | | | | | | | | | by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Application Keyed-in | | | | | | | | | | by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Application: | | | | | | | | | | Approved Rejected | | | | | Membership No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| President’s Signature: | | | | | | | | | |  | | | | | | | | |
| Terms of Payment: | | | | | | | | | | Cash/Cheque  (Chq.No. Cheque to be issued to MERCY Malaysia | | | | | Credit Card No.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Receipt No. | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Letter/Email of Approval/Rejection isssues on: | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Remarks: | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Issued by: | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |