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| TYPE OF INVOLVEMENT | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> MEDICAL | <input type="checkbox"/> NON-MEDICAL |

| TYPE OF MEMBERSHIP | |
|-----------------------------------|-------------------------------|
| <input type="checkbox"/> ORDINARY | <input type="checkbox"/> LIFE |

MEMBER APPLICATION FORM

| | | | | | |
|-----------------|--|-------------|-----------------|---|----------|
| Name | | | | NRIC No & Colour | |
| Date of Birth | | | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Single | Blood Group | | Nationality | |
| Language (s) | Spoken: | Written: | | Passport No. & Expiry Date | |
| Occupation | | | Specialised In | | |
| Home Address: | | | Organisation | | |
| | | | Office Address: | | |
| | | | | | |
| | | | Postcode | | Postcode |
| Mobile Tel. No. | | | Office Tel. No. | | |
| Home Tel. No. | | | Office Fax No. | | |
| Email Address | | | | | |

RELIEF MISSION/PROGRAMMES EXPERIENCE

Domestic Relief Mission & Humanitarian Services

Mission/Programme (e.g. Mobile Clinic in Grik, Perak etc)

Date

1. _____
2. _____
3. _____
4. _____

International Relief Mission & Humanitarian Services

Mission (please indicate country and mission no.)/Programme

Date

1. _____
2. _____
3. _____
4. _____

Other Contributions (e.g. warehouse management, packing of medical supplies)

1. _____
2. _____
3. _____

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 correct. I agree to abide by all rules and regulation set by MERCY Malaysia and am fully aware that MERCY Malaysia has the right to reject or suspend my application should there be any false information provide in this application form or found to be incorrect.

SIGNATURE

DATE

MEMBERSHIP FEES (RM)

| <u>Ordinary Membership</u> | |
|----------------------------|------------|
| Entrance Fee | 50 |
| Annual Fee | 60 |
| Total Fee | 110 |

| <u>Life Membership</u> <i>(No annual subscription)</i> | |
|---|------------|
| Entrance Fee | 50 |
| Membership Fee | 500 |
| Total Fee | 550 |

Note: Please submit the following documents when applying:

- Your CV for our reference and retention

Your application must be proposed and seconded by an Ordinary or Life Member.

Your application will be forwarded to the Executive Council for consideration.

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. 1155
No 4, Jalan Langgak Golf, Off Jalan Tun Razak, 55000 Kuala Lumpur
Tel: 6-03-2142 2007 Fax: 6-03-2142 1992
e-mail: info@mercy.org.my Website: www.mercy.org.my

FOR OFFICE USE ONLY

Reference : _____

Date Received : _____ by : _____

Acknowledgement Letter Issued – by: _____ Date : _____

Application Keyed-in – by: _____ Date : _____

Application : **Approved** **Rejected** Membership No : _____

Terms of Payment : **Cash/Cheque (Chq. No. _____) /Credit Card (No.: _____)**
Cheques to be issued to MERCY Malaysia

Receipt No. : _____ Letter of Approval/Rejection Issued: _____

Remarks : _____

Issued By : _____ Date : _____