ASQua
ASIAN SOCIETY FOR QUALITY IN HEALTH CARE
Registration No. PPM-028-14-28062016

MEMBERSHIP APPLICATION FORM (INSTITUTIONAL)

Organisation Name in Full (followed by acronym, if any) **<in CAPITAL letters please>**

Organisation Registration No. / and Date of Registration (Under Local Laws)

Website/Facebook/Instagram/Linkedin

Address (in CAPITAL letters please)

Postcode Country

Mailing (*all correspondences will be sent here*)

( ) -

Telephone **Mobile** **E-mail**

Voting Representative (in CAPITAL letters please)

Honorifics, Name and Designation (in CAPITAL letters please)

I/We* hereby apply for the Institutional membership and agree to be bound by its Constitution
(Kindly visit https://www.asquaa.org/resources. to view or download current ASQua constitution)
I hereby give consent to publish my organisation's name in ASQua website (Tick ✓) _____

....
Signature & Date (President/CEO/COO/Director) Company's Stamp/Chop

Type (Tick ✓)	Description / *Category*	*Institutional Fee*
New ____	Annual Subscription Fee	USD 300.00
Renewal ____	Registration Fee	USD 50.00
Non-renewal ____	*(one-time)*	
(Cease membership)		

Payment Amount: USD.....
Cheque/Bank Draft/Telegraphic Transfer/Postal Order No:
.....

*Payment must be in favour of "**Asian Society for Quality in Health Care**"*
Bank: ***CIMB Bank Berhad***
Address: ***Ground Floor, Bangunan Commerce Life***
No.338, Jalan Tuanku Abdul Rahman
50100 Kuala Lumpur
MALAYSIA
Account Number: ***86-0308876-5*** | *Swift Code:* ***CIBBMYKL***
Notice: The Secretariat reserves the right to peg (fix) and convert the foreign exchange (FOREX) based on prevailing rates to Malaysian Ringgit (Board Approved at 7th Meeting on 29th August 2014 in Taipei, Taiwan)

Please send this form together with your organisational profile and payment to:
THE SECRETARIAT (Malaysia)
ASIAN SOCIETY FOR QUALITY IN HEALTH CARE (ASQua)
c/o B.6-1, Level 6
Menara Wisma Sejarah
230, Jalan Tun Razak
50400 Kuala Lumpur
Wilayah Persekutuan
MALAYSIA
www.asquaa.org
Tel: +603-26812232 Fax: +603-2681 3199 Email: asqua@asquaa.org
Mobile: +60-122012479 (sms & whatsapp) Facebook: asquasecretariat

*All applications are subjected to ASQua's Board approval.
We accept photocopies of this form.

FOR OFFICE USE ONLY

Approved by,

.....

Date .....

Remarks : .....

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