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

MEMBERSHIP APPLICATION FORM (NATIONAL)

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

Office Address (in CAPITAL letters please)

Postcode **Mailing (*all correspondences will be sent here*)** Country

( ) - **Telephone***

( ) - **Mobile**

E-mail

Voting Main Representative

Honorifics, Name and Designation (Main)

Voting Alternate Representative

Honorifics, Name and Designation (Alternate)

I/We* hereby apply for the National 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 ✓)

New ____ Non-renewal ____
Renewal ____ (Cease membership)

MEMBERSHIP FEES	***National Membership***
Registration Fee	USD 50.00
Annual Subscription Fee	USD 550.00

Payment Amount: USD……
Cheque/Bank Draft/Telegraphic Transfer/Postal Order No/Contra to:
……

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: 603-2681 2232 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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