ASQua Issue 13/2023

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

MEMBERSHIP APPLICATION FORM (INDIVIDUAL)

Honorifics and Full Name (in CAPITAL letters please)

Professional Designation (in CAPITAL letters please)

Address (in CAPITAL letters please)

Postcode Country

Address (in CAPITAL letters please)

Postcode Country

Office* ☐ *** Tick (√) Box for Mailing Preference** **Residential*** ☐

( ) -

Telephone* **E-mail (1)** **E-mail (2)**

Mobile*

I/We* hereby apply for the Individual 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 name in ASQua website (Tick ✓) _____

……
Signature & Date

Type (Tick ✓)

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

MEMBERSHIP FEES	***Individual Membership***
Registration Fee	USD 5.00
Annual Subscription Fee	USD 25.00

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 latest 1-page biography, photo 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

*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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