



APPLICATION FOR CORPORATE MEMBERSHIP FORM

PLEASE COMPLETE IN BLACK, BLOCK LETTERS.

Company's Name (Nama Syarikat) : _____

Company's Address (Alamat Syarikat): _____

_____ Postcode: _____

Company's Registration No. (Nombor Pendaftaran Syarikat): _____

Company's Nature of Business (Jenis Perniagaan): _____

Telephone No. (No. Tel) : _____ Fax No (No.fax:): _____

Company's Email Address (Alamat E-mel) : _____ Website : _____

Name of Representative (Nama Wakil) : _____

Job Title (Jawatan): _____ Contact No (No. Tel) : _____ H/P No: _____

Address if different from above: _____ Email : _____

Name of Representative (Nama Wakil) : _____

Job Title (Jawatan): _____ Contact No (No. Tel) : _____ H/P No: _____

Address if different from above: _____ Email : _____

Name of Representative (Nama Wakil) : _____

Job Title (Jawatan): _____ Contact No (No. Tel) : _____ H/P No: _____

Address if different from above: _____ Email : _____

Entrance Fee : RM550.00 Annual Subscription : RM550.00 Total : RM1,100.00

Enclosed herewith is Cheque/Bank Draft/Money Order No : _____ for the amount of RM
(Bersama-sama ini disertakan cek/bank deraf/kiriman wang no : _____ (sebanyak RM)

Direct bank-in **HONG LEONG BANK account No:0039-10-002034-6** (remittance slip faxed to you) :
(Terus melalui HONG LEONG BANK akaun no) _____ (slip pengiraman wang fax kepada anda)

or (atau)

Please invoice us :
(Sila inbois kepada kami)

Note: All payments are to be made out by crossed cheque, Bank Draft or Money Order to **"Welding Institute (Malaysia) Bhd"**.
All applications must be accompanied with the appropriate payments. (Pembayaran melalui cek hendaklah dipalang dan ditulis
di atas nama **"Welding Institute (Malaysia) Bhd"**. Segala permohonan hendaklah disertakan dengan pembayaran yang sesuai)

I hereby accept responsibility to all the rules and regulations of membership and for the accuracy of the particulars contained in this application form. If any incorrect or false information is given herewith, this application will automatically be null and void.
(Saya dengan ini mengaku bahawa segala butir-butir yang diberi adalah benar dan akan bertanggungjawab sekiranya maklumat yang diberi adalah tidak benar permohonan ini akan terbatal serta merta)

Authorised signatory : _____ Date : _____

Company's chop: _____

Please return to :

Welding Institute (Malaysia) Bhd (662234-U)
No.8, Jalan TSB 10, Sungai Buloh Industrial Park, 47000 Sungai Buloh, Selangor Darul Ehsan, Malaysia
Tel : (603)61570542 Fax : (603)61572378 Email : inquiry@wim.org.my
welding.institute@wim.org.my