



## APPLICATION FOR CORPORATE MEMBERSHIP FORM

PLEASE COMPLETE IN BLACK, BLOCK LETTERS.

Company's Name (Nama Syarikat) : \_\_\_\_\_

Company's Address (Alamat Syarikat): \_\_\_\_\_

Postcode: \_\_\_\_\_

Company Registration No.(Nombor Pendaftaran Syarikat): \_\_\_\_\_

Company Nature Of Business (Jenis Perniagaan): \_\_\_\_\_

Telephone No.(No. Tel) : \_\_\_\_\_ Fax No (No. Telefax): \_\_\_\_\_

Company's Email Address (E-mel) : \_\_\_\_\_ Website : \_\_\_\_\_

Name of Representative (Nama Wakil): \_\_\_\_\_

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

Address if different from above: \_\_\_\_\_

Name of Representative (Nama Wakil): \_\_\_\_\_

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

Address if different from above: \_\_\_\_\_

Name of Representative (Nama Wakil): \_\_\_\_\_

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

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

Address if different from above: \_\_\_\_\_

Name of Representative (Nama Wakil): \_\_\_\_\_

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

Address if different from above: \_\_\_\_\_

### Categories (Pengkelasan) :

Corporate Member    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 \_\_\_\_\_

from Bank \_\_\_\_\_ or we will send you an invoice by mail.

(dari bank) \_\_\_\_\_ (atau kami akan menghantar inouis melalui pos)

NB All payments to be made out by crossed cheque, Bank Draft or Money Order to **"Welding Institute (Malaysia) Bhd"**. All applicants must be accompanied by 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. Any incorrect information given this application will be 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.

Company's Chop: \_\_\_\_\_ Date (Tarikh): \_\_\_\_\_

Please return to :

Welding Institute (Malaysia) Bhd (662234 U)

No 8, Jalan TSB 10

Sungai Buloh Industrial Park

47000 Sungai Buloh

Selangor

Tel: 03-61570542, Fax: 03-61572378, Email :inquiry@wim.org.my