PERSATUAN PARKINSON MALAYSIA
Malaysian Parkinson's Disease Association
Reg. No. PPM-001-14-12091994
Tax Exemption No: LHDN 01/35/42/51/179-6.4524
No. 35, Jalan Nyaman 10, Happy Garden, Old Klang Road, 58200
Kuala Lumpur. Tel: 03-79726683 Website:mpda.org.my

MEMBERSHIP APPLICATION FORM

Name of Applicant: _____

IC/Passport No: _____ Gender: Male/Female

Marital Status: _____ Date of Birth: _____

Nationality: _____ Race: _____

Religion: _____ Occupation: _____

Address: _____

_____

Email Address (1): _____ Mobile Phone No: _____

_____ House Phone No: _____

Emergency Contact Details:

Contact Name: _____

Relationship: _____

Contact No: _____

Email Address: _____

Membership Type (Please tick)

- Person with Parkinson's
- Caregiver
- Supporter
- Corporate Member
- Associate Member

_____ _____

Applicant's Signature **Date of Application**

APPLICANT'S AGREEMENT

I, _____ , hereby agree that I am participating in the activities at the Malaysian Parkinson's Disease Association (MPDA) at my own risk and will not hold the association/sponsor(s) responsible for any injuries, accidents or death, however caused, before, during or after the activities. I hereby indemnify and waive all claims or damages that may arise in consequence of the above.

Registration Fee - RM10
Annual Fee - RM60
Corporate Fee - RM300

Bank - **CIMB Bank**
Acct.No - **8000941877**
Acct. Name: **Persatuan Parkinson Malaysia.**

_____

Applicant's Signature

Office Use Only

Membership No: _____

Receipt No: _____

President's Signature: _____

Treasurer's Signature: _____