



Age Cope

Persatuan Pengendali Jagaan Berkediaman Warga Emas SeMalaysia
Association for Residential Aged Care Operators of Malaysia

PPM-004-10-04092018 . E-mel: myagecope@gmail.com . Blog: myagecope.wordpress.com

BORANG KEAHLIAN / Membership Form / 会员表格 / உறுப்பினர் படிவம்

A. Butiran Pemohon / Applicant's Details / 申请人的资料 / விண்ணப்பதாரியின் விவரங்கள்

1. Name:			
2. Sex:	☐ Male ☐ Female	3. Date of Birth:	
4. Ethnicity:	☐ Malay ☐ Chinese ☐ Indian ☐ Other Bumi. ☐ Others (Please State:)		
5. Home Address:			
6. HP / Telephone:		7. E-mail:	
8. Work Status:	☐ Owner ☐ Staff ☐ Volunteer (Job Position:)		
9. Membership Category:	☐ Ordinary ☐ Associate ☐ Honorary		
10. Are you the <u>Official Representative</u> for the following Premise?			☐ Yes ☐ No

B. Butiran Premis / Premise Details / 地方资料 / வளாகத்தின் விவரங்கள்

1. Premise Name:			
2. Premise Address:			
3. Telephone / HP:		4. Fax:	
5. Website:		6. E-mail:	
7. Name of Person in Charge (PIC):			
8. Sex of PIC:	☐ Male ☐ Female	9. Job Position of PIC:	
10. Ownership Type:	☐ Sole Proprietorship ☐ Partnership ☐ Body Corporate ☐ Association ☐ Federal Government Agency ☐ State Government Agency		
11a. Type of Registration:	☐ ROC ☐ ROS ☐ MOH ☐ DSW ☐ Local Authorities ☐ Others ()		
11b. Registration in Process:	☐ ROC ☐ ROS ☐ MOH ☐ DSW ☐ Local Authorities ☐ Others ()		
12. Year Started Operation:		13. Number of Beds:	
14. Is the Premise part of a chain of branches, division or subsidiary to a larger entity? (Details:)			☐ Yes ☐ No

Note: A copy of the following documents are required for processing the application:

- Identity Card / Passport (if non-citizen)
- Photo of applicant measuring 4.5 cm x 3.5 cm
- Receipt or proof of payment for registration fee (RM25) and annual membership fee (RM50)
[Maybank Islamic Bank Account No.: **562263539674**]
- Verification of status as Official Representative of premise (if applicable)



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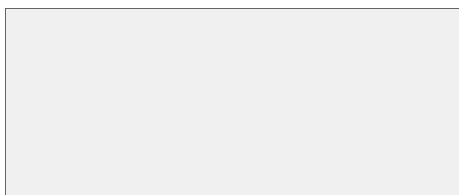
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C. Untuk Kegunaan Pejabat / For Office Use / 办公室专用 / அலுவலக பயன்பாட்டிற்காக				
1. Name of Receiving Officer:				
2. Date Application Received:		3. Result of Application:	☐ Accepted ☐ Rejected	
4. Approved as Member:	☐ Ordinary ☐ Associate ☐ Honorary		☐ Direct ☐ Branch	
	Supported by,			
	Signature:		Signature:	
	Name:		Name:	
	Date:		Date:	
5. Membership No.:		6. State:		

Pengakuan / Declaration / 声明书 / அறிவிப்பு

1. I hereby confirm that all information or details provided are true, complete and up-to-date.
2. I promise to adhere to the rules and regulations as outlined in the Association's Constitution and uphold the principle and high ethical standards of conduct in all aspects of our operations, in line with existing laws in force from time to time.
3. I am also aware and accept that any actions by members deemed detrimental to the Association or industry in general, after proper investigations, will be given either a warning or have their membership suspended or revoked as provided under Article 5 of the Association's Constitution.
4. I agree to inform the Association of any changes in member or premise details within 30 days of the effected change(s).

Yours Sincerely,



Signature:

Name:

Date:

Identity Card / Passport No.: