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TYPE OF INVOLVEMENT	
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> NON-MEDICAL

TYPE OF MEMBERSHIP	
<input type="checkbox"/> ORDINARY	<input type="checkbox"/> LIFE

### MEMBER APPLICATION FORM

Name				NRIC No & Colour	
Date of Birth		19	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	Blood Group		Nationality	
Language (s)	Spoken:	Written:		Passport No. & Expiry Date	
Occupation			Specialised In		
Home Address:			Organisation		
			Office Address:		
	Postcode			Postcode	
Mobile Tel. No.			Office Tel. No.		
Home Tel. No.			Office Fax No.		
Email Address					

### RELIEF MISSION/PROGRAMMES EXPERIENCE

#### Domestic Relief Mission & Humanitarian Services

Mission/Programme (e.g. Mobile Clinic in Grik, Perak etc)

Date

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

#### International Relief Mission & Humanitarian Services

Mission (please indicate country and mission no.)/Programme

Date

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

#### Other Contributions (e.g. warehouse management, packing of medical supplies)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Proposer: \_\_\_\_\_  Ordinary Member  Life Member  
 Membership No.: \_\_\_\_\_  
 Seconder: \_\_\_\_\_  Ordinary Member  Life Member  
 Membership No. \_\_\_\_\_

I declare that the information provided above, in the best of my knowledge, is true and correct. I agree to abide by all rules and regulation set by MERCY Malaysia and am fully aware that MERCY Malaysia has the right to reject or suspend my application should there be any false information provide in this application form or found to be incorrect.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**MEMBERSHIP FEES (In RM)**

<u>Ordinary Membership</u>	
Entrance Fee	50
Annual Fee	60
<b>Total Fee</b>	<b>110</b>

<u>Life Membership</u> <i>(No annual subscription)</i>	
Entrance Fee	50
Membership Fee	500
<b>Total Fee</b>	<b>550</b>

**Note:** Please submit the following documents when applying:

- Your CV for our reference and retention

Your application must be proposed and seconded by an Ordinary or Life Member.

Your application will be forwarded to the Executive Council for consideration.

You may be called for an interview.

Please send your completed form to:

**VOLUNTEER MANAGEMENT DEPARTMENT**  
**Malaysian Medical Relief Society**  
 (Persatuan Bantuan Perubatan Malaysia) Reg No. 1155  
 Level 2, Podium Block, City Point, Kompleks Dayabumi, Jalan Sultan Hishamuddin  
 P. O. Box 11216, 50050 Kuala Lumpur  
 Tel: 6-03-2273 3999 Fax: 6-03-2272 3812  
 E-mail: [volunteer@mercy.org.my](mailto:volunteer@mercy.org.my) Website: [www.mercy.org.my](http://www.mercy.org.my)

**FOR OFFICE USE ONLY**

Reference : \_\_\_\_\_

Date Received : \_\_\_\_\_ by : \_\_\_\_\_

Acknowledgement Letter Issued - by : \_\_\_\_\_ Date : \_\_\_\_\_

Application Keyed-in - by : \_\_\_\_\_ Date : \_\_\_\_\_

Application :  Approved  Rejected Membership No: \_\_\_\_\_

Terms of Payment : Cash/Cheque (Chq. No. \_\_\_\_\_) /Credit Card (No.: \_\_\_\_\_)

Receipt No. : \_\_\_\_\_ Letter of Approval/Rejection Issued: \_\_\_\_\_

Remarks : \_\_\_\_\_

Issued By : \_\_\_\_\_ Date : \_\_\_\_\_