

# APPLICATION FORM

## THE PEST CONTROL ASSOCIATION OF MALAYSIA

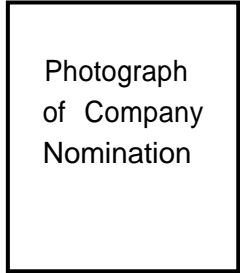


# THE PEST CONTROL ASSOCIATION OF MALAYSIA

8-1A, Jalan Perdana 6/8B, Pandan Perdana, 55300 Kuala Lumpur.  
Tel.No.: +603-92857288 Fax. No.: +603-9286 0288 E-mail: info@pcam.com.my

## APPLICATION FORM MEMBERSHIP

- Category of membership applied.
1. Active Member
2. Associate Member



### A. COMPANY INFORMATION

1. Name of Company: .....
2. Address: .....  
.....
3. Tel. No. (Office): ..... 4. Mobile No.: .....
5. Fax. No. ....
6. E-mail Address: .....
7. Date of Incorporation: ..... 8. Business Registration No.: .....
9. Pest Control Operator License No.: ..... Valid until: .....
10. No. of Year in Business: .....
11. Type of Business
- |   |                          |                                 |                          |
|---|--------------------------|---------------------------------|--------------------------|
| a. General Pest Control                     | <input type="checkbox"/> | b. Chemical Manufacturers       | <input type="checkbox"/> |
| c. Pre-construction Anti-termite treatment  | <input type="checkbox"/> | d. Chemical Equipment Suppliers | <input type="checkbox"/> |
| e. Post-construction Anti-termite treatment | <input type="checkbox"/> | f. Fumigation                   | <input type="checkbox"/> |
| g. Weed Control                             | <input type="checkbox"/> | h. Others (Specified): .....    |                          |

12. Name/Address, Telephone b& Fax. No. of Branches/Associates (Local & Foreign)

- a. ....
- b. ....
- c. ....
- d. ....

13. Name of Proprietor/Partners/Directors

- a. ....
- b. ....
- c. ....
- d. ....

B. PERSONAL INFORMATION

COMPANY NOMINATION:

- 1. Name: .....
- 2. Designation: .....
- 3. Address: .....
- 4. Tel. No. (Res): ..... 5. NRIC No.: ..... (new)
- 6. Date of Birth: ..... 7. Sex: Male/Female 8. Nationality: .....
- 9. Are you a Licensed Fumigator? YES/NO. If yes, please provide License No.: .....
- 10. Qualification: .....

I/We hereby apply to become a member of The Pest Control Association of Malaysia and if admitted I/We agree to abide by the constitution, the bylaws and regulations of the society. I/We certify that the foregoing information is true and complete and fully realize that omission or falsification of information will be considered sufficient reason for rejection of this application.

Date: .....

.....  
Authorised Signature  
Company's chop

C. INTRODUCER

A. PROPOSER

1. Name: .....

2. Name of Co. & Address:

.....

.....

.....

3. Signature: .....

4. Tel. No.: .....

5. Membership No.: .....

B. SECONDER

1. Name: .....

2. Name of Co. & Address:

.....

.....

.....

3. Signature: .....

4. Tel. No.: .....

5. Membership No.: .....

D. JOINING FEES FOR ALL CLASSIFICATION OF MEMBERSHIP

CLASSIFICATION OF MEMBERS

ENTRANCE FEES

SUBSCRIPTION FEES

A. ACTIVE MEMBER

RM 240.00

RM 400.00

B. ASSOCIATE MEMBER

RM 500.00

RM 750.00

Total amount of RM..... crossed cheque made payable to The Pest Control Association of Malaysia. Please include RM0.50 for outstation cheque.

E. ALL SUBSCRIPTION FEES MUST BE SETTLED BY MARCH 31<sup>ST</sup> OF EACH YEAR, FAILING WHICH WILL DISQUALIFY YOU AS MEMBER AND ALL VOTING RIGHT OR TO HOLD ANY OFFICE.

F. FOR OFFICIAL USE

a. Date of Application received: .....	
b. Bank: .....	Cheque No.: ..... Amount: RM.....
c. Date of approval/reject: .....	d. Class of Membership: .....
e. Approved by: .....	
f. Remarks: .....	

Please enclose photocopies of Sales & Storage license, your company's Form 9, 24 and 49 for our office record in accordance with Article 5 (Clause 2) of the PCAM rules.