



## PERSATUAN SINDROM DOWN MALAYSIA (Reg. 478)

(Down Syndrome Association of Malaysia)  
87, Lingkungan U-Thant, 55000 Kuala Lumpur, Malaysia  
Tel: 03-4257 9818 Faks: 03-4257 9819  
e-Mail: rumahpsdm@yahoo.com  
Website: www.downsyndromemalaysia.com

### BORANG KEAHLIAN (Membership Form)

Setiausaha Kehormat (Hon. Secretary)

Saya ingin memohon untuk menjadi ahli Persatuan Sindrom Down Malaysia

MEMBERSHIP NO.			
PSDM	ORD		Yr
PSDM	LIFE		Yr
PSDM	AFF		Yr
PSDM	CORP		Yr
PSDM	ASSOC		Yr

#### (I) MAKLUMAT PEMOHON (Detail of Applicant)

Nama (Name)   
Dalam huruf besar/ In capital letter

No. K/P (NRIC)  Jantina (Gender)

Tarikh Lahir (Date of Birth)  Umur (Age)

Pekerjaan (Occupation)

Alamat (Address)

No Tel. Rumah (Residential Tel. No.)  Pejabat (Office)

e-Mail (e-Mel)  Mobile

#### (II) PENGLIBATAN SUKARELA (Voluntary involvement)

Saya ingin menyumbang dalam bidang (I wish to volunteer in)

#### (III) JENIS KEAHLIAN (Type of Membership)

Yuran Masuk RM20.00 sekali bayaran/ Entry Fee of RM20.00 one time payment

- Perseorangan - RM30.00 setahun (Individual Membership)  Ahli Seumur Hidup - RM300.00 (Life Membership)
- Ahli Bersekutu - RM10.00 setahun (Associate/ Allied Membership)  Ahli Korporat (Corporate Membership)
- Ahli Gabungan - RM50.00 setahun (Affiliate Membership)

Kami lampirkan wang tunai/ cek sebanyak RM20.00 (yuran masuk) beserta RM\_\_\_\_\_ sebagai bayaran jenis keahlian. (I attach herewith cash/ cheque for RM20.00 (entry fee) plus RM\_\_\_\_\_ being payment for membership)

#### (IV) MAKLUMAT INDIVIDU SINDROM DOWN (Detail of individual with Down Syndrome)

Nama (Name)

Jantina (Gender)  Tarikh Lahir (Date of Birth)  Age (Umur)  Hubungan dengan anda (Relationship)

Anak keberapa dalam keluarga  MEDICAL CONDITION

**(V) WARIS TERDEKAT** *(Selain ibubapa) (Next of Kin)*

Nama (Name)   
Dalam huruf besar/ In capital letter

No. K/P (NRIC)  Jantina (Gender)

Tarikh Lahir (Date of Birth)  Umur (Age)

Pekerjaan (Occupation)

Alamat (Address)

No Tel. Rumah (Residential Tel. No.)  Pejabat (Office)

e-Mail (e-Mel)  Mobile

Saya akan memberitahu pihak Persatuan sekiranya ada sebarang perubahan maklumat. *(I undertake to inform the Association on any change of the particulars.)*

Saya akan mematuhi segala peraturan dan perlembagaan Persatuan jika permohonan ini diterima. *(I will abide by the rules and constitution of the Association upon acceptance of this application.)*

Tarikh/ Date : ..... Ditandatangani oleh/ Signed by: .....

Tarikh diterima : ..... dan ditandatangani oleh (1) ..... (2) .....

<b>UNTUK KEGUNAAN PEJABAT PERSATUAN SAHAJA</b> <b>(SILA KOSONGKAN)</b> <i>For office use only (Please leave blank)</i>			
Receipt No.	Date of Receipt	Amount	Year
Cara Bayaran/ Method of payment:			
Tunai/ Cash RM .....			
No. Cek/ Cheque No. .... Bank .....			
No. Resit Rasmi/ Official Receipt No. ....			
Recommended by:			
..... Presiden/ Timbalan Presiden      Setiausaha      Bendahari			
(Any two (2) of the Council Members)			
This application is approved at the meeting held on .....			
(Ref no. : MOM ke      /Bil /      )			

Untuk bayaran melalui pindahan bank/ bank-in tunai sila masukkan ke - **PERSATUAN SINDROM DOWN MALAYSIA**  
 No Akaun **5644 2730 6431 Maybank**. Buat salinan bukti bayaran dan emelkan kepada Persatuan.  
*(For payment by bank transfer/ cash bank-in please use the this account - PERSATUAN SINDROM DOWN MALAYSIA*  
*A/C No. 5644 2730 6431 Maybank. Make a copy of the proof of payment and email it to the Association)*