**APKCPM MEMBERSHIP DUES RENEWAL YEAR 2018:**

|  |  |  |
| --- | --- | --- |
| Type of membership (please tick) | ❑ Full membership | ❑ Associate Membership |
| Annual Subscription: | **RM 1,000.00** | **RM500.00** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DIALYSIS CENTER and CONTACT INFORMATION** | | | | |
| Name of Dialysis centre |  | | | |
| Address of Dialysis centre |  | | | |
| Town |  | | Postcode |  |
| State |  | | | |
| Phone (1) |  | | Phone (2) |  |
| Email |  | | Fax |  |
| Website (URL) |  | | | |
| Manager of Centre (Full name) |  | | | |
| Manager contact number | Email |  | | |
| Mobile |  | | |

**PRIMARY REPRESENTATIVE’S INFORMATION (if there are any changes): -**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Representative’s Name |  | | Email: |  |
| Designation |  |  | Mobile No |  |
|  |  | | | |

(Cheque to be issued in favour of **Association Of Private Kidney Care Providers Of Malaysia**)

*I, undersigned hereby understand that the above named company membership renewal is not solely based upon submission of the renewal application and fee (if applicable). APKCPM Membership renewal is subjected to annual review and acceptance by APKCPM EXCO.*

*APKCPM Member who does not renew their membership annually, loses APKCPM Membership, and may have to meet special renewal requirements before renewal will be considered.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  |  | **Company Stamp:** |
| **Name:** |  |  |  |
| **Date:** |  |  |  |

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| --- |
| **PAYMENT INFORMATION** |
| Kindly pay the membership dues (RM1000 / RM500 per year) to the Association’s account via, cash, cheque or electronic transfer to the account below.  Beneficiary: ASSOCIATION OF PRIVATE KIDNEY CARE PROVIDERS OF MALAYSIA  Account No:**512978013890**  Bank: Maybank Ara Damansara (Oasis Square)  Once the payment has been made, please provide the transaction details to us at apkcpm@gmail.com for us to issue an official receipt to you.  Please do send in proof of payment via email or fax (03-78426372) as the secretariat will not be able to trace the payee/payer  Or Please contact the Secretariat for the payment details / Bank details  DELIVERY ADDRESS:  **APKCPM Secretariat**  **Association Of Private Kidney Care Providers Of Malaysia**  **D7-3-1, Block D7, Pusat Perdagangan Dana 1,**  **Jalan PJU 1A/46, PJU 1A, 47301**  **Petaling Jaya, Selangor Darul Ehsan**  **Phone: 03-78426322**  **Fax: 03-78426372**  **Email: apkcpm@gmail.com** |

# MEMBERSHIP

a.Full Membership

* **Full Membership shall be opened to all dialysis centres in good standing which are incorporated in or established under Laws of Malaysia, that is either they as standalone business entities or their parent companies are registered with the Registrar of Companies (ROC)**
* Each member may nominate up to 1 individual as nominee/representative who are Malaysian citizens above 18 years of age, residing in Malaysia or professionals who are working in Malaysia, to the association.
* Full Membership have the right to vote, hold ofﬁce, attend and participate in any event organised by the Association
* Full Membership is NOT open to individual persons

b.Associate membership - is extended to Pharma, NGO (example NGO dialysis operators), Industry players (example suppliers) or Individuals (example Nephrologists) with no voting rights. The annual fees will be RM500 per individual, entrance fees is waived. Application for membership shall be proposed and seconded by two existing members or approved collectively during the committee meeting.

For further information, please visit http://apkcpm.ucoz.com/index/membership/0-8