

# APPLICATION FORM

MALAYSIA PEST MANAGEMENT ASSOCIATION  
(MPMA)



## APPLICATION FOR MEMBERSHIP

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

Photograph  
of Company  
Nomination

### 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.GeneralPestControl                        | <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. ....



**MALAYSIA PEST MANAGEMENT ASSOCIATION**

No. 8-1A, Jalan Perdana 6/8B, Pandan Perdana, 55300 Kuala Lumpur.  
Tel: 03-9285 7288 Fax: 03-9286 0288 Email: info@pcam.com.my  
www.pcam.com.my

- 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 Malaysia Pest Management Association and if admitted I/We agree to abide by the constitution, the by laws 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 chopINTRODUCER



# MALAYSIA PEST MANAGEMENT ASSOCIATION

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Tel: 03-9285 7288 Fax: 03-9286 0288 Email: info@pcam.com.my  
www.pcam.com.my

## 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.: .....

## C. JOINING FEES FOR ALL CLASSIFICATION OF MEMBERSHIP

<u>CLASSIFICATION OF MEMBERS</u>	<u>ENTRANCE FEES</u>	<u>SUBSCRIPTION FEES</u>
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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 Malaysia Pest Management Association. Please include RM0.50 for outstation cheque.

D. 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.

## E. FOR OFFICIAL USE

<ul style="list-style-type: none"> <li>a. Date of Application received: .....</li> <li>b. Bank: ..... Cheque No.: ..... Amount: RM.....</li> <li>c. Date of approval/reject: ..... d. Class of Membership: .....</li> <li>e. Approved by: .....</li> <li>f. Remarks: .....</li> </ul>
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Please enclose photocopies of Sales & Storage license, your company's Form 9, 24 and 49 for our office record .