

**WOMEN'S AID ORGANISATION  
MEMBERSHIP FORM**

Women's Aid Organisation  
P.O.Box 493  
Jalan Sultan  
46760 Petaling Jaya

Dear Madam,

I, the undersigned, wish to become a member to the Women's Aid Organisation (WAO). I agree to abide by the rules of the organisation.

I enclose herewith RM20.00 (*Ringgit Malaysia: Twenty Only*) being the annual membership fee. (*The membership fee is paid on a calendar year basis and may be paid several years in advance*) and RM10.00 being the registration fee.

.....  
Signature of applicant

.....  
Date

Name :	Sex :	M ___ / F ___
Date of birth :	Nationality :	
IC No :	Profession :	
Office Address:	Tel :	Fax :
Home Address :	Tel :	Fax :
Email Address : ( <i>very important</i> )		
How did you come to know about us?		
Are you currently affiliated to any other organizations or political party? Yes ___ No ___		
If yes, please state the name (s): _____		

Proposed: \_\_\_\_\_

Seconded: \_\_\_\_\_

Approved at Exco meeting on: \_\_\_\_\_

Receipt No / Date: \_\_\_\_\_

Amount: \_\_\_\_\_

(Please note that membership is only upon approval from the WAO Executive Committee)