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| WORLD’S POULTRY SCIENCE ASSOCIATION MALAYSIA BRANCHAPPLICATION FOR CORPORATE MEMBERSHIP | wpsa logotekst |
| Company/Organization :   |
|  |  |  |  |
| Journal Members will received online journal. Access to the journal is through the WPSA website and log in using your WPSA membership number printed in the certificate.If you wish to have a printed copy, please request in writing and email to wpsa@xs4all.nl**Address**: Designated Members can choose if they want to receive the Journal at their home address or company/organization. In case of company address, the name of the company/organization must be filled. (Appendix I). Address:

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: | Office | : |  |
|  | House | : |  |
|  | Mobile | : |  |
|  | Fax | : |  |
|  | E-mail | : | Company Stamp |

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| --- | --- | --- | --- |
| \*Want to join the:  | Life member (RM2000)  |  |  Date: |
|  | Corporate member (RM500/year)  |  |  (dd/mm/yy) |
|  | Individual Member (RM100/year)  |  |  |
|  | Student (RM50/year)  |  |  |

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|  |  |  |
| \*Remarks: * Please attach the name list of 5 designated members and 15 associate members (Appendix I).
* Please nominate one contact person from this list. Please list the contact person first.
* Nomination of Associate members can be submitted at any one time once it is accompanied by duly stamped form and approved by any committee member.
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| Please return this completed form to Branch Secretary: Faculty of Veterinary Medicine43400 UPM SerdangSelangor Darul EhsanMalaysia(Attention : Professor Dr. Siti Suri Arshad) Email : suri@upm.edu.my Telephone : 603-86093885/3880 Fax : 603-89471971/1972 |
| Appendix I |
| **CORPORATE MEMBER NOMINATION FORM****5 Designated Members:** |
| Name | Address | Tel/Fax/E-mail |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| **15 Associates Members:** |
| Name | Address | Tel/Fax/E-mail |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| 11. |  |  |
| 12. |  |  |
| 13. |  |  |
| 14. |  |  |
| 15. |  |  |
| Note: Please list the contact person first |  |  |
|  |  |  |
|  Company stamp |  (Signature) Approved By: |
|  |
|  |  |  |
|  |  |  |
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