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| **MAJLIS PERKHIDMATAN MASYARAKAT SABAH** |
| ***(SABAH COUNCIL OF SOCIAL SERVICES)*** |
|  |  |  |  |  |
| **MEMBERSHIP APPLICATION FORM** |
| Sabah Council fo Social Services Enactment 1997 Section 4 [a] |
|  |  |  |  |  |
| Name of Organisation | : |  |
| Place of Registration with RoS | : |  |
| Correspondence Address | : |  |
|  |  |  |
|  |  |  |
| Telephone No | : |  | Fax No: |  |
| Email Address | : |  |
| Registration Certificate No | : |  |
| Date of Regustration | : |  |
| No. of paid-up members | : |  |
| Objectives of Organisation | : |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| List of Principal Office Bearers |  |  |  |  |
| President/Chairman | : |  |
| Deputy President/Chairman | : |  |
| Secretary | : |  |
| Treasurer | : |  |
|  |  |  |  |  |
| Activities of Organisation | : |  |
|  |  |  |
|  |  |  |
|  |  |  |
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| Please enclosed the following documents: | (Please tick √ enclosed documents) |
| i) | A copy of approved constitution |  |
| ii) | A copy of Registration Certificate |  |
| iii) | A copy of Audited Statement of Account |  |

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| **Please send the completed Membership Application Form to:** |
| Majlis Perkhidmatan Masyarakat Sabah |
| Rumah MPMS, Batu 2 Jalan Tuaran, |
| 88100 Kota Kinabalu, SABAH |
| Email: mpms\_sabah@yahoo.com |
| Tel: 088-223 424 |
| Fax: 088-211 624 |