



Sabah Council of Social Services (SCSS)
Majlis Perkhidmatan Masyarakat Sabah (MPMS)



MEMBERSHIP APPLICATION FORM

(Sabah Council of Social Services Enactment 1997 Section 4[a])

Name of organisation :

Place of registration with RoS :

Correspondence address :

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Tel. no. : Fax no.:

E-mail :

Registration Certificate No. :

Date of registration :

No. of paid-up members :

Objectives of organisation :

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List of Principal Office Bearers:

(1) President / Chairman :

(2) Deputy President / Chairman :

(3) Secretary :

(4) Treasurer :

Activities of organisation:

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Please tick [] enclosed documents:

- i. copy of approved constitution []
- ii. copy of Registration Certificate []
- iii. audited Statement of Accounts []

Please fax completed Membership Application Form to: 088 211624

or send to: Sabah Council of Social Services (SCSS)
Majlis Perkhidmatan Masyarakat Sabah (MPMS)
Rumah MPMS, Batu 2, Jalan Tuaran
88300 Kota Kinabalu, SABAH