



REHDA

## APPLICATION FOR AFFILIATE MEMBERSHIP

Name of Company : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No : \_\_\_\_\_ Fax No : \_\_\_\_\_

Existing Membership No : \_\_\_\_\_ Branch : \_\_\_\_\_

We would like to apply for Affiliate Membership with \_\_\_\_\_ Branch.

Official Representative \_\_\_\_\_

Alternate Representative \_\_\_\_\_

We attach herewith a Cheque No. \_\_\_\_\_ amounting to RM265.00  
(inclusive of 6% GST) being payment for affiliate membership.

Signature and Company Chop : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_ Date : \_\_\_\_\_

*(Please fax this reply to REHDA Secretariat at Fax: 603-7803 5285 and send original copy by post)*

**For official use**

New Membership Number : \_\_\_\_\_

Date of Approval : \_\_\_\_\_

Remarks : \_\_\_\_\_