

Malaysian Association of Private Colleges & Universities

(Reg. No.: 6116/97 Selangor)

MEMBERSHIP APPLICATION GUIDE & CHECKLIST

- Please provide all the required information in the Membership Application Form.
- 2. Incomplete application information may result in delay in processing your Membership.
- 3. The Governing Council reserves the right to reject a Membership Application should information provided be inaccurate or false.
- 4. Submit the following supplementary/additional information and documents:
 - a. Branches information (if applicable)
 - b. List of Approved Courses/programmes (summary is sufficient)
 - c. ROC Certificate of Incorporation / Business Registration
 - d. MOE Approval for Principal Applicant (and Branches if applicable)
 - e. Form 24
 - f. Form 49
 - g. Entrance Fee and Annual Membership Fee:

	Entrance Fee (RM)	Annual Subscription (RM)
Ordinary Member	3,000.00	3,000.00
Associate Member	1,500.00	1,500.00
Additional Branch Rep.		750.00

5. The completed Membership Application Form and fee payment should be sent to:

The Secretary-General Malaysian Association of Private Colleges & Universities c/o International Medical University 126, Jalan Jalil Perkasa 19, Bukit Jalil 57000 Kuala Lumpur

6. You may direct any enquiries pertaining to your Membership Application to the MAPCU Secretariat at :

Tel: +6 03 8656 9980 Fax: +6 03 8656 9981

E-mail: mapcu.my@gmail.com



Malaysian Association of Private Colleges & Universities (Reg. No.: 6116/97 Selangor)

MEMBERSHIP APPLICATION FORM

MEMBERSHIP INFORMATION

Membership Type (please tick)	Categ	gory (please tick)				
Ordinary		University / Univ. College / College				
Associate		Foreign Branch Campus				
		Other				
	<u>.</u>					
PRINCIPAL MEMBER INFORMATION						
Institution Name :						
Registered Company Name:						
ROC No.:	Registration D	Pate:				
MOE Registration:						
a) Registered Address:						
Tel. No.:	Fax. No.:					
E-mail:						
b) Correspondence Address: (if different from Registered Address)						
Tel. No.:	Fax. No.:					
E-mail:						
PARENT COMPANY	OR CORPORATE APPLICANT INF	ORMATION (if applicable)				
Registered Company Name:						
ROC No.:	Registration D	Pate:				
Paid-up Capital						
Branch M	TEMBER INFORMATION (if include	ed in application)				
Branch 1:	, , , , , , , , , , , , , , , , , , , ,	· ,				
Branch 2:						
Branch 3:						
Branch 4:						

Nomines / Prin	ICIPAL CONTACT INFORMATION
	CIFAL CONTACT INFORMATION
1. Name :	
Designation:	
Tel. No.:	Fax. No.:
E-mail:	
2. Name :	
Designation:	
Tel. No.:	Fax. No.:
E-mail:	
3. Name :	
Designation:	
Tel. No.:	Fax. No.:
E-mail :	
-	
Proposer /m	avet be an Oudinam Mambau)
	nust be an Ordinary Member)
Name :	
Designation:	
Institution:	
Tel. No.:	Fax. No.:
E-mail:	
Signature / Date :	
	nust be an Ordinary Member)
	ust be an ordinary member)
Name :	
Designation:	
Institution:	
Tel. No.:	Fax. No.:
E-mail:	
Signature / Date :	

DECLARATION

We hereby certify that the information provided in this membership application including supporting documents and supplementary information are true and correct.

The Principal Member, Branch Members and Nominees shall abide by prevailing / amended MAPCU Rules & Regulations in the MAPCU Constitution.

(NOTE: The Governing Council may withhold membership approval should information provided be inaccurate or false.)

Pa	ARTICULARS OF SENIOR OFFICER / S	SENIOR MANA	AGER CO	OMPLETING THIS FORM			
Name :							
Designation:							
Institution:							
Tel. No.:		Fax. No.:					
E-mail:							
Signature / Date:							
	MEMBE	ERSHIP FEE	-				
Cheque No:	MEMBL	Bank :					
Total Amount :		Bank .					
by an ordina Association 6.1.1.Ordina 6.1.2.Associ 6.1.3.Ordina 6.1.4.Associ 6.1.5.Subsci 6.2. Entrance fe membershi	ary resolution of the Ordinary Menon; ary Member Entrance Fees. ary Member Entrance Fees. ary Member Annual Subscription. are Member Annual Subscription ription of additional official repres ares shall be payable by an applicate are the case may be is approved scriptions shall become due on the	mbers at an . entative fron ant whose a d by the Cou	AGM o m a bra pplication	nch campus of an Ordinary Member.			
	FOR MAP	CU USE ONL	Y				
Date Received :							
Date Approved:							
Membership No:							
Remarks:							
Signature : (Secretary-General)							
Signature : (President)							