

**MEMBERSHIP APPLICATION FORM**

Membership No. \_\_\_\_\_

Name of Organisation \_\_\_\_\_

**Personel Details of Organisation Representative**

Title (please cross the appropriate box) Prof. / Dr. / Mr. / Mrs. / Ms.

Name \_\_\_\_\_ IC No. \_\_\_\_\_

Position in organisation \_\_\_\_\_

Organisation address \_\_\_\_\_  
\_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Tel.(office) \_\_\_\_\_ (Mobile) \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

No.	Types of Membership	Fee	Tick as Applicable
1.	Ordinary Members	RM200.00	
2.	Founding Members	RM200.00	Not Applicable
3.	Honorary Members	-	Not Applicable
4.	Corporate Members	RM500.00	

We agree to make payment by bank cheque payable to the **Majlis Kawalan Tembakau Malaysia (Malaysian Council for Tobacco Control )** and **enclose a copy** \* of Constitution / By-Laws / Memorandum of Association / Articles of Assiciation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* *ARTICLE 3 Membership*

*3.1 Membership is open to all legally constituted societies and corporations in Malaysia with similar mission, goals and principles of MCTC and shall consist of Ordinary, Founding, Honorary and Corporate members.*

*3.2 Every new member shall forward his application with their constitution to the Honorary General Secretary, who shall at the first convenient opportunity, submit it to the Board for approval. The Board may at its discretion reject any application without assigning any reason thereafter.*

Unit 7, Tingkat 5, MMA House, 124, Jalan Pahang 53000 Kuala Lumpur

Telefon: 011-3211 9192 Faks: 03-2726 8924

Email: [mctc@mctc.org.my](mailto:mctc@mctc.org.my) Laman Web: <http://mctc.org.my>

### **Disclosure of Tobacco Industry Ties/Contacts/Relationships**

To ensure that all members of the Malaysian Council for Tobacco Control conduct activities that are independent with integrity and impartiality, a disclosure form must be completed and a declaration made where all members agree (and comply) to have no ties/contacts or relationships with tobacco industries.

1. Do you personally, or does your partner or any immediate family member have existing, past, or anticipated formal relations or other contact with the tobacco industry or organizations related to the tobacco industry.

Yes  [please provide details in the boxes below]

No

2. Does the organization with which you have an employment relationship have existing, past (in the last 2 years), or anticipated formal relations or other contact with the tobacco industry or organizations related to the tobacco industry.

Yes  [please provide details in the boxes below]

No

#### **Details of relationship/contact with tobacco industry or organizations related to the tobacco industry:**

Name of tobacco or related organization	Type of relationship contact (describe)	Relationship/contact is with you, your partner, immediate family member or your employer?	Relationship/contact is current, past (specific dates of relationship), or anticipated?

I hereby declare that the disclosed information is correct and undertake to inform the Malaysian Council for Tobacco Control of any changes in these circumstances.

Name \_\_\_\_\_

Designation \_\_\_\_\_

Organization \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete and return this form by hand, post or fax to 03-2726 8924

**Note** : this form must be signed and cannot be returned by email.