



**WOMEN OF WILL (WoW)**

Registrar of Societies Registration Number: PPM-024-10-17032016

**MEMBERSHIP APPLICATION**

Name: Dr/Mr/Mrs/Ms \_\_\_\_\_ Identity No.: \_\_\_\_\_

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

(Home) \_\_\_\_\_ (Office) \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Office): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Email address: \_\_\_\_\_ Malaysian Citizen (Y/N): \_\_\_\_ Above 18 Years of Age (Y/N): \_\_\_\_

Area(s) of: Training / Human Resource / I.T. / Engineering / Event Organization / Medicine / Law / Accounting /  
interest Publicity (Promotions) / Fund Raising / Design / Logistics / Others (Please specify below)

\_\_\_\_\_

Possible resources or skills that you might bring to the organization:

\_\_\_\_\_

Role you would like to play in the organization:

- Single Mothers' Project: Entrepreneurship Development & Training*
- International Humanitarian Aid*
- Public Relations Campaign*
- Women of Will Website*
- Fund Raising*
- Others (kindly specify) \_\_\_\_\_*

Are you a member of any other NGO or INGO, if so please indicate:

Organization Name

Position (e.g. Exco, Ordinary Member)

1. \_\_\_\_\_

2. \_\_\_\_\_

Membership preference:

- Entrance Fee (RM50.00 single payment for new membership application)
- Ordinary member (RM50.00 per annum)
- Life member (RM500.00 one time)  
- *Open to all persons of age eighteen (18) and above who has been an Ordinary Member for at least one year*

Enclosed is my subscription fee : RM \_\_\_\_\_ (including Entrance Fee if new application)

Additional contribution : RM \_\_\_\_\_

Modes of payment : Cash

Cheque – payable to “PERTUBUHAN WANITA BERDAYA (WOMEN OF WILL)”

Online – Public Bank Berhad Account No. 3201216916

**We would like to thank you for your application and contribution to Women of Will.**

Signature of Applicant: \_\_\_\_\_

Application Date: \_\_\_\_\_

To be filled by Women of Will Member

Proposed by: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Date: \_\_\_\_\_

Seconded by: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use

Date Received: \_\_\_\_\_

Amount Received: RM \_\_\_\_\_

Membership Status: (Approved / Declined)

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

Date Processed: \_\_\_\_\_

Membership Period: \_\_\_\_\_ to \_\_\_\_\_