



P.O. Box 493, Jalan Sultan, 46760 Petaling Jaya
Tel : 03-79575636 / 7957063, Fax: 03-79563237, E-mail: womensaidorg@gmail.com; www.wao.org.my

Membership Application/Renewal Form

I wish to become a member of Women's Aid Organisation (WAO). I will contribute and support WAO to achieve its aims and mission in a feminist spirit. I understand that as a member, I will have voting rights in WAO's Annual General Meeting. I understand that my membership application is subject to confirmation by WAO's Executive Committee. I agree to be bound by the Constitution and Rules of WAO upon confirmation of my membership.

Fees

Membership Application & Registration: RM30.00
 Membership Renewal: (RM20.00 per year) Total: _____
 Donation: _____

Membership fee is RM20.00 annually plus a one-off RM10.00 for registration. Membership fees may be paid in advance for up to five years. Fees will be due upon confirmation of membership by WAO. In the event membership fees are not paid for two consecutive years, the membership will automatically lapse.

Applicant's Information

Name: _____

Sex: Female Male

Date of Birth: _____ Nationality: _____

IC Number: _____ Occupation: _____

Office Address: _____

Home Address: _____

Phone: _____ [Mobile] _____ [Home]

Email: _____ [Preferred] _____ [Alternative]

I agree to receive information on WAO via email

The personal information that you provide to Women's Aid Organisation ("WAO"), whether now or in the future, may be used, recorded, stored, disclosed or otherwise processed by or on behalf of WAO for the purposes of facilitation and organisation of your involvement with WAO; events; research and audit and maintenance of a volunteer database, and such ancillary services as may be relevant.

To Know You Better

How did you come to know about us? _____

Are you currently a member of any other organisation or political party? Yes No

If yes, please state the name: _____

Would you like to volunteer for WAO? Yes No

Which area of WAO's work is of most interest to you?

Advocacy & Public Education Support Services for Women Support Services for Children

In your view, how can you best contribute to WAO's mission and work? _____

Signature of Applicant	Date
------------------------	------

Amount Received: _____

Receipt No: _____

Date: _____

Internal Use

Proposed by: _____

Seconded by: _____

Approved by WAO Executive Committee on: _____

Added to Membership Database

Confidentiality and Non-Disclosure Agreement for WAO Members & Volunteers

Any information that you learn about, or have access to regarding, Women's Aid Organisation, including its clients,¹ employees, members, volunteers, donors and any affiliated parties, that is not publicly available, constitutes "Confidential Information".

You are required to undertake and agree to keep any Confidential Information strictly private and confidential, and shall not directly or indirectly disclose, publish, transfer, disseminate, copy or permit to be disclosed, by any means, such Confidential Information to any unauthorised personnel or third parties. This provision shall extend even beyond your affiliation with Women's Aid Organisation.

Women's Aid Organisation reserves the right to take legal action in the case of any breach of this condition, even if you do not actually benefit from the disclosure of such Confidential Information.

ACKNOWLEDGMENT

I hereby acknowledge that I had read and understood, and I accept and agree to abide by the above condition of confidentiality and non-disclosure.

.....
(signed)

Name:

NRIC:

Dated:

¹ "Clients" refers to the women and children, including their family members, who seek WAO's assistance.