



**WOMEN'S AID ORGANISATION**  
PERTUBUHAN PERTOLONGAN WANITA

P.O. Box 493, Jalan Sultan, 46760 Petaling Jaya

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### 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 any rules or policies of WAO upon confirmation of my membership.

### Fees

Membership Fee: (RM40.00 per year)  
Total: \_\_\_\_\_

Donation  
Total: \_\_\_\_\_

*Membership fees may be paid in advance for up to five years. Fees will be due upon confirmation of membership by WAO. Please note that the annual membership fee is due by 31 December. A membership shall be considered as lapsed if the member does not renew the membership for two (2) years.*

### 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 and Volunteers**

Any information that you learn about, or have access to regarding, Women’s Aid Organisation, including its clients<sup>1</sup>, 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: .....

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<sup>1</sup> “Clients” refers to the women and children, including their family members, who seek WAO’s assistance.