



Member Application Form

I/Company wish to apply as Life/Associate member of the United Commerce of Women Association.
 I /We agree to abide the rules and regulations of the Association. I /We submit particulars as follow:

MEMBER CATEGORY

Date:DD/ MM/ YY

INDIVIDUAL COMP MALE FEMALE

APPLICANT'S PARTICULAR

Please fill in BLOCK LETTERS

NAME OF COMPANY _____

Home/ Company Address _____

COUNTRY _____ NATIONALITY _____ NRIC/ Passport No. _____

TEL No. _____ FAX No. _____ H/P _____

E-mail _____ Website _____

Please tick (√) based on nature of business

<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Trading	<input type="checkbox"/>	Export	<input type="checkbox"/>	Import	<input type="checkbox"/>	Service	<input type="checkbox"/>	Wholesale	<input type="checkbox"/>	Retail	<input type="checkbox"/>	Agent	<input type="checkbox"/>	Others
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I/We hereby would like to apply for United Commerce of Women Association lifetime membership. I/We hereby understand, acknowledged and agreed to comply and adhere with the United Commerce of Women Association Membership Rules and Regulations. I/We hereby undertake to indemnify UCW in full for all losses and damages if I/We have violated UCW Rules and Regulation, inappropriate action and verbal behaviour which cause UCW image being tarnish, defame or damage and/or suffer from monetary losses and damages.

Proposer: _____ Signature : _____

Remark :

- 1.Membership fee US 500.
- 2.Please attach together with 2 passport size photo & a photocopy of Identification card & Business Registration Certificate (SSM).

3. Payment details :

United Commerce of Women Association

Bank Name: Maybank

Account Number: 5124 5517 4490

Swift Code : MBBEMYKL