



**Parents and Community Empowerment Association**  
(Persatuan Daya Keupayaan Keluarga dan Komuniti)  
(Reg# PPM-004-14-18052018)

**Membership Application Form 2019**

\*Expired on 31 Dec each year

Type of membership: (please tick)

- Ordinary member (RM50 per year)       Affiliate member (RM50 per year)

**Personal Details**

Name				Male ( )	
				Female ( )	
Nationality		Age	NRIC		
Home Address				Handphone	
Email address					
Occupation			No. of children		
Willing to serve as	Committee <input type="checkbox"/>	Sub Committee <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Others <input type="checkbox"/>	
		P A C E	KL / Kajang	_____	
Marriage status	Married	Separated	Divorced	Widowed	Others

**Spouse Details**

Name				Male ( )
				Female ( )
Nationality		Age	NRIC	
Email address				
Occupation			Handphone	
Willing to serve as	Committee <input type="checkbox"/>	Sub Committee <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Others <input type="checkbox"/>
		P A C E	KL / Kajang	_____
Marriage status				

## Children Details

<b>1. Name</b>				Gender	Male ( ) Female ( )
Nationality			IC	Age	
List of strengths	1. 2.			3. 4.	
List of concern/ challenges					
Challenges	Dyslexia <input type="checkbox"/>	Down Synd. <input type="checkbox"/>	ADHD <input type="checkbox"/>	GDD <input type="checkbox"/>	Autism <input type="checkbox"/> Others <input type="checkbox"/>
Hope PACE can support in	Learning needs <input type="checkbox"/>	Behavior / Emotional needs <input type="checkbox"/>	Working needs <input type="checkbox"/>		Others <input type="checkbox"/>

<b>2. Name</b>				Gender	Male ( ) Female ( )
Nationality			IC	Age	
List of strengths	1. 2.			3. 4.	
List of concern/ challenges					
Challenges	Dyslexia <input type="checkbox"/>	Down Synd. <input type="checkbox"/>	ADHD <input type="checkbox"/>	GDD <input type="checkbox"/>	Autism <input type="checkbox"/> Others <input type="checkbox"/>
Hope PACE can support in	Learning needs <input type="checkbox"/>	Behavior / Emotional needs <input type="checkbox"/>	Working needs <input type="checkbox"/>		Others <input type="checkbox"/>

<b>3. Name</b>				Gender	Male ( ) Female ( )
Nationality			IC	Age	
List of strengths	1. 2.			3. 4.	
List of concern/ challenges					
Challenges	Dyslexia <input type="checkbox"/>	Down Synd. <input type="checkbox"/>	ADHD <input type="checkbox"/>	GDD <input type="checkbox"/>	Autism <input type="checkbox"/> Others <input type="checkbox"/>
Hope PACE can support in	Learning needs <input type="checkbox"/>	Behavior / Emotional needs <input type="checkbox"/>	Working needs <input type="checkbox"/>		Others <input type="checkbox"/>

Courses Attended	Date	Instructor

**Member's Declaration**

I do hereby agree and comply by the Constitution, Rules and Regulations and be actively participating in the Association's activities

Signed by applicant: \_\_\_\_\_  
 ( Name in block : \_\_\_\_\_ )

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

Signed by spouse\*: \_\_\_\_\_  
 ( Name in block : \_\_\_\_\_ )

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

\* Only when register together with spouse.

**Office Use Only**

New Enrollment (RM20 Registration Fee)     Annual Renewal (RM50)     Others

Mode of Payment	Registration	Ordinary	Affiliate		Total (RM)
<input type="checkbox"/> Cash					
<input type="checkbox"/> Online Banking					
<input type="checkbox"/> Cheque					

Receipt No		Membership No		Received by	
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Last edited on 30-Jun-19