



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

Membership Application Form

New

Renewal

Personal Details

| | | | | |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------|-----------|
| Name (As per NRIC) | | Preferred Name | | |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Date of Birth | Age |
| Nationality | | | NRIC/Passport No. | |
| Home Address | | | | Handphone |
| Email Address | | | | |
| Profession/Business/ Employment | (Organisation & Designation) | | No. of Children | |
| Willing to serve as | <input type="checkbox"/> Committee <input type="checkbox"/> Sub-committee <input type="checkbox"/> Volunteer (KL/Kajang) <input type="checkbox"/> Others, please specify: _____ | | | |
| Status | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Others, please specify: _____ | | | |

Spouse Details

| | | | |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------|
| Name (As per NRIC) | | Preferred Name | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Age |
| Nationality | | NRIC/Passport No. | |
| Home Address | | | Handphone |
| | | | |
| Email Address | | | |
| Profession/Business/ Employment | (Organisation & Designation) | Status: <input type="checkbox"/> Member <input type="checkbox"/> Non-Member | |
| Willing to serve as | <input type="checkbox"/> Committee <input type="checkbox"/> Sub-committee <input type="checkbox"/> Volunteer (KL/Kajang) <input type="checkbox"/> Others, please specify: _____ | | |

Children Details

| | | | |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|
| Name (As per NRIC) | | Preferred Name | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Age |
| Nationality | | NRIC/Passport No. | |
| List of strengths | 1. | 3. | |
| | 2. | 4. | |
| List of concern/ challenges | | | |
| Diagnosis | <input type="checkbox"/> Dyslexia <input type="checkbox"/> Down Syndrome <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Global Developmental Delay <input type="checkbox"/> Others _____ | | |
| Hope PACE can support in | <input type="checkbox"/> Learning needs <input type="checkbox"/> Behavior/Emotional needs <input type="checkbox"/> Working needs <input type="checkbox"/> Others _____ | | |

Children Details

| | | | | |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|-----|
| Name (2) (As per NRIC) | | | Preferred Name | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth | Age |
| Nationality | | | NRIC/Passport No. | |
| List of strengths | 1. | | 3. | |
| | 2. | | 4. | |
| List of concern/ challenges | | | | |
| Diagnosis | <input type="checkbox"/> Dyslexia <input type="checkbox"/> Down Syndrome <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Global Developmental Delay <input type="checkbox"/> Others _____ | | | |
| Hope PACE can support in | <input type="checkbox"/> Learning needs <input type="checkbox"/> Behavior/Emotional needs <input type="checkbox"/> Working needs <input type="checkbox"/> Others _____ | | | |

Children Details

| | | | | |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|-----|
| Name (3) (As per NRIC) | | | Preferred Name | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth | Age |
| Nationality | | | NRIC/Passport No. | |
| List of strengths | 1. | | 3. | |
| | 2. | | 4. | |
| List of concern/ challenges | | | | |
| Diagnosis | <input type="checkbox"/> Dyslexia <input type="checkbox"/> Down Syndrome <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Global Developmental Delay <input type="checkbox"/> Others _____ | | | |
| Hope PACE can support in | <input type="checkbox"/> Learning needs <input type="checkbox"/> Behavior/Emotional needs <input type="checkbox"/> Working needs <input type="checkbox"/> Others _____ | | | |

Courses Attended

| Course Title | Date | Instructor |
|--------------|------|------------|
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Type of membership: (please tick)

Ordinary member (RM50/year)

Affiliate member (RM50/year)

- A one-off registration fees of RM20 for all membership registration
- Membership expired on 31 Dec each year

Member's Declaration

I hereby apply for membership to the PACE Association and do 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: _____

Office Use Only

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

| Mode of Payment | Registration | Ordinary | Affiliate | Total (RM) |
|--------------------|--------------|----------|-----------|------------|
| () Cash | | | | |
| () Online Banking | | | | |
| () Cheque | | | | |

| | | | | | |
|-------------|--|----------------|--|-------------|--|
| Receipt No. | | Membership No. | | Received by | |
|-------------|--|----------------|--|-------------|--|

ORDINARY MEMBER

Criteria

- 1) Malaysian or Permanent Resident of Malaysia
- 2) Minimum age of 18 years old
- 3) Parent(s) with typical child(ren) and/or special needs child(ren)
- 4) Place of residence is in Wilayah Persekutuan Kuala Lumpur or Selangor
- 5) Attended at least one of the below-mentioned Educational Kinesiology Training, inclusive but not limited to the training certificate(s) issued by Breakthru Academy.

Privileges

- Eligible to vote
- Opportunities to hold any office in the Committee
- Opportunities to be involved with various activities organized by the association
- Connect people to valuable information and resources

AFFILIATE MEMBER

Criteria

- 1) Malaysian or Permanent Resident of Malaysia
- 2) Minimum age of 18 years old
- 3) Parent(s) with typical child(ren) and/or special needs child(ren)
- 4) Place of residence is outside of Wilayah Persekutuan Kuala Lumpur or Selangor
- 5) Have not attended any of the below-mentioned Educational Kinesiology Training by Breakthru Academy

Privileges

- Opportunities to be a Sub-committee
- Eligibility to attend the various activities to work towards a better life for individuals & families

EDUCATIONAL KINESIOLOGY TRAINING BY BREAKTHRU ACADEMY:

- The Breakthru Approach with 3 P.L.A.Y.
- Movement Based Learning
- Rhythmic Movement Training
- BrainGym
- Touch For Health

Last edited on 13-Oct-19