

MCPA MEMBERSHIP APPLICATION FORM

Chairman
No. 11 (1st Floor), Jalan SS26/8,
Taman Mayang Jaya,
47301, Petaling Jaya
Selangor

Name of applicant company: _____

Company Registration Number: _____

Date of Incorporation: _____

Address: _____

Telephone no: _____

Fax: _____

Email address: _____

Name of Chief Executive Officer: _____

Name of accredited representative: _____

Name of alternate representative: _____

Activity of Company – Tick where applicable (✓)

1 a) Basic manufacturing

b) Formulating

c) Trading

d) Representative office

2 Name of Company's main product group:

a) _____

b) _____

c) _____

d) _____



Membership class: Ordinary () *
Associate ()

Ordinary Member:

Any company carrying on in Malaysia the manufacture and / or formulation of industry products or any company carrying on in Malaysia primary distribution of industry products. The term primary distribution shall be deemed to connote responsibility for the purchase of industry products direct from local or overseas manufactures.

* Please tick appropriate box for Annual Sales Turnover (RM) of agrochemicals and household pesticides of the previous financial year.

Table with 2 columns: Membership Class, Annual Sales Turnover (RM) of the previous financial year. Rows include Ordinary, Above 15 million, 5 to 15 million, and Below 5 million with checkboxes.

Associate Member:

Any company which carries on in Malaysia the secondary distribution of industry products or is associated with the packaging or promotion of such products, or manufacturing in Malaysia equipment or devices for the application of such products.

The term secondary distribution shall be deemed to describe the business of the wholesale merchant and any other business involving industry products which does not include responsibility for the purchase of industry products direct from local or overseas manufacturers.

Associate member shall have all the rights and privileges of ordinary members except the right to hold office or to vote.

(Signature of Applicant) _____

(Company Chop) _____

Date: _____

We/I hereby apply to become a member of Malaysian CropLife & Public Health Association (MCPA) and certify that the above information is true to the best of our/my knowledge. If accepted, we/I agree to be bound by the Constitution of MCPA and Code of Conduct for the time being in force.

Proposed by:

Accredited Representative

Seconded by:

Accredited Representative

(Name)

(Name)

(Signature)

(Signature)

(Date)

(Date)

(Company Chop)

(Company Chop)

For MCPA Use Only

Date of Applicant Received : _____

Date of Committee Meeting: _____

Applicant Approved/Not Approved (Delete whichever not applicable)

Membership Category (Tick box where applicable)

| Membership Class | Membership Fee | Annual Sales Turnover (RM) of the previous financial year | Annual Subscription |
|------------------|----------------|---|---------------------|
| Ordinary | RM 500 | Above RM 15 million | RM 10'000 |
| | | RM 5-15 million | RM 6'000 |
| | | Below RM 5 million | RM 2'000 |
| Associate | RM 500 | | RM 1'000 |

Date Applicant Notified: _____

Date of Formal Approval of Application: _____

Date payment received _____

(Date)

(Signature of Secretary)