



**KUCHING AUTISTIC ASSOCIATION  
PERSATUAN AUTISME KUCHING**

Banglo 'Lada', Jalan Bampfyld, 93000 Kuching, Sarawak, Malaysia.  
 P O Box 2492, 93748 Kuching, Sarawak, Malaysia.  
 Tel:082-255759 Fax:082-427934  
 Email:kaakch@streamyx.com website: http://www.saa.org.my

**Membership Application Form**

|    |  |   |
|----|--|---|
| 1  | Full Name :                                      |   |
| 2  | Date of Birth:                                   |   |
| 3  | Place of Birth:                                  |   |
| 4  | Old IC No.                                       |   |
| 5  | New IC No.                                       |   |
| 6  | Gender:  |   |
| 7  | Race:  |   |
| 8  | Marital Status:                                  |   |
| 9  | Home Address:<br><br>Post code:                  | House Phone:<br>Hand Phone:<br>Fax:<br>Email: |
| 10 | Occupation:                                      |   |
| 11 | Company Name:                                    |   |
| 12 | Office Address:<br><br>Post code:                | Office Phone:<br>Fax No:                      |
| 13 | Are you a parent of an autistic child? (Yes /No) |   |
| 14 | Name of the Child:                               | Type of problem:                              |
| 15 | Date of Birth of the Child:                      |   |

Please tick as appropriate:

- Yes, I would like to receive newsletters & periodic updates from KAA.  
 I would like to be a volunteer for KAA centre.  
 I am interested in KAA fund raising projects.

**Declaration**

I certify the above details given are correct and I promise to abide by the law and regulation of the association.

Signature: \_\_\_\_\_

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

**For Office Use**

Receipt No: \_\_\_\_\_

Membership No: \_\_\_\_\_