

BOLD ASSOCIATION FOR CHILDREN WITH SPECIAL NEEDS, PENANG
(ROS: PPM-010-07-14012008)



APPLICATION FOR MEMBERSHIP

I _____ wish to apply to become a member of the BOLD Association for Children with Special Needs, Penang.

Name of Applicant: _____ Female/Male

IC No: _____

Address: _____

Tel: _____

Email: _____

Place of Birth: _____

Employer: _____

Position: _____

Employer Full Address: _____

Employer Contact Number: _____

I enclose RM10/= as my subscription.

I am interested in helping as a volunteer in:-

- Play Group for Special Needs Children
- Arts n Crafts for Special Needs Children
- Behaviour Management and Transition to School
- Focus on Literacy
- Working with Parents of Children
- Fund raising
- Awareness and outreach work
- Assist in administration and/or office work

What languages are you fluent in? (Please specify spoken/written)

I hereby declare that the above information is true and correct.

Signature

Date

Name of Proposer

Signature

Name of Seconder

Signature