APHM
Persatuan Hospital Swasta Malaysia
Association of Private Hospitals of Malaysia

PERSATUAN HOSPITAL SWASTA MALAYSIA

A-17-01, MENARA UOA BANGSAR,
5, JALAN BANGSAR 1, 59000 KUALA LUMPUR, MALAYSIA.
TEL: 03-2284 1701 FAX: 03-2284 2701

ASSOCIATION OF PRIVATE HOSPITALS OF MALAYSIA

23 December 2013

APHM Member Hospitals

Dear Members,

RENEWAL OF MEMBERSHIP WITH ASSOCIATION OF PRIVATE HOSPITALS OF MALAYSIA 2014

Greetings from the Association of Private Hospitals of Malaysia (APHM).

Thank you for your continuous support of the Association of Private Hospitals of Malaysia (APHM). APHM values your commitment to and membership of our Association and takes this opportunity to invite you to **renew** your Membership for the year 2014.

1) Annual membership fees.

Hospital with beds 30 and below	-	RM600 per year
Hospitals with beds from 31-120	-	RM1,200 per year
Hospitals with beds more than 120	-	RM2,500 per year

Please also provide you current Hospital license together with the payment. We also appreciate if you could indicate if there is any change on the name of your nominated representative.

We thank you for all your continued support to the Association and take this opportunity to wish you all the very best in all of your future endeavours.

Regards.

Yours sincerely
ASSOCIATION OF PRIVATE HOSPITALS OF MALAYSIA

ERICA LAM
Honorary Secretary

REMITTANCE FORM

Association of Private Hospitals of Malaysia
1-17-01, Menara UOA Bangsar
No 5, Jalan Bangsar Utama 1
59000 Kuala Lumpur

RENEWAL OF MEMBERSHIP FOR 2014

Name of Hospital : _____

No of licenced beds on 01.01.2014 : _____ beds

Subscription fee : *(please tick where applicable)*

Hospital with beds 30 and below	RM600 per year	
Hospitals with beds from 31-120	RM1,200 per year	
Hospitals with beds more than 120	RM2,500 per year	

Enclosed is the : *(Please tick where applicable)*

Cheque		Bank-in slip	

Cheque no.	
Bank	
Amount	
Date of bank-in	

CIMB Bank Jalan TAR
Account No : 1432-0002193-05-4

Signature : _____

Name : _____

NOMINATED REPRESENTATIVE FORM
Association of Private Hospitals of Malaysia (APHM)

Hospital : _____

Address : _____

_____

_____

Tel : _____

Fax : _____

Email : _____

Website : _____

We wish to inform that the nominated representative of my hospital is:

Name : _____

Designation : _____

Tel : _____

Fax : _____

Email : _____

We wish to inform that the CEO/GM/Administrator of hospital is

Signature : _____

Name : _____

Designation : _____