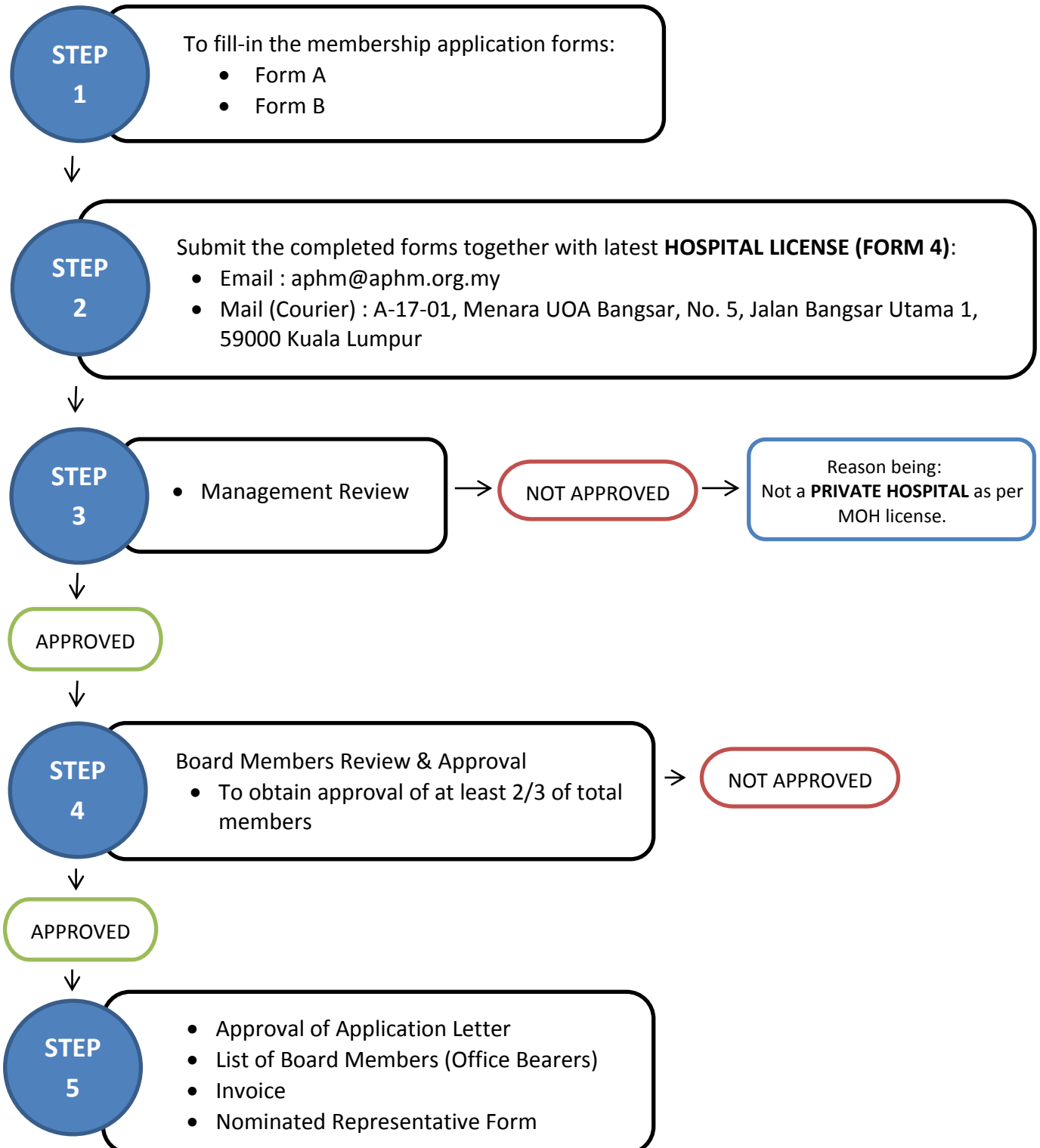


## New Membership Application Guideline

### Membership Requirements:

Membership is open to all **PRIVATE HOSPITALS** in Malaysia licensed under the Private Healthcare Facilities & Services Act 1998. Any private hospital wishing to become a Member shall fill in the application form and submit it to the Board of the Association for approval, together with the hospital's current license. After the approval, each Hospital shall pay the dues as stipulated in the application form and shall nominate a representative whose name shall be submitted in writing to the Board of the Association within 30 days of receiving written notification of approval.





The Board of Management  
Association of Private Hospitals of Malaysia

**OFFICIAL MEMBERSHIP APPLICATION FORM**

I, .....  
*Name of Hospital*

of .....  
*Name and Address of Hospital*

first licensed on ....., hereby apply to be a member of the Association of Private Hospitals of Malaysia. *{Please attach copy of licence for current period.}*

Enclosed herewith are:

- ( ) Entrance Fee RM1,000.00
- ( ) Annual Subscription for the year ..... RM .....

Name of Hospital: ..... Signature: .....

Address: ..... Name: .....

..... Position: .....

Email: ..... Website: .....

All cheques should be made out to **"Association of Private Hospitals of Malaysia"** and crossed.

Please send to: **Honorary Secretary**  
Association of Private Hospitals of Malaysia  
A-17-01, Menara UOA Bangsar, No 5, Jalan Bangsar Utama 1  
59000 Kuala Lumpur

*Note:* a) *Entrance Fee:* RM1,000.00

b) *Annual Subscription:*

- Hospitals with 30 beds and below:* RM 1,296.00 (RM1,296 with 8% SST)
- Hospitals with 31 beds - 120 beds:* RM 2,592.00 (RM2,592 with 8% SST)
- Hospitals with more than 120 beds:* RM 5,400.00 (RM5,400 with 8% SST)

## ASSOCIATION OF PRIVATE HOSPITALS OF MALAYSIA

Particulars of Private Hospita/Medical Centre/Clinic/Home

<b>Full name &amp; Address of Hospital/Medical Centre/Clini/Home (including Tel No/Fax No)</b>	<b>Name &amp; Address of Owner of Hospital</b>	<b>Name &amp; Tel No. of Hospital Administrator</b>	<b>No. of Medical Consultants Specialists</b>	<b>No. of Medical Officers</b>	<b>No. &amp; Kind of Paramedical Staff</b>	<b>No. of Beds &amp; Class</b>	<b>Total No. of Beds</b>