



پُوسَاتِ اِهْسَانِ اَلْاَمِيْرَاهِ اَلْحَجَّجَهْ مَرْيَمَ
PUSAT EHSAN
AL-AMEERAH AL-HAJJAH MARYAM

MEMBERSHIP APPLICATION FORM Ordinary Member* / Life Member*

Ref:

Name of Person / Organisation		
	I.C No. / Registration No.:	
	Date of Birth / Registration :	
Contact Person		
Postal Address		
Contact No.	Email Address	
Interest in Disability Care : (Please specify, if required)		
1. School Programme *		
2. Rehabilitation Programme*		
3. Centre Administration*		
4. Voluntary Work in the Centre*		
5. Supporting Projects*		
6. Social / Welfare Work in the Community*		
7. Financial Assistance / Cash Donation*		
8. Donation in Kind*		
9. Other Interest*		
Professional Qualification / Skill: (Please specify, if any)		
Do you belong to / support any Social / Welfare Associations? (Please specify, if any)		

* delete if not required

I hereby solemnly declare that the information given above is correct and true to the best of my knowledge and I on behalf of myself and / or my organization shall abide by the Constitution of Pusat Ehsan Al-Ameerah Al-Hajjah Maryam and its Rules and Regulations issued from time to time.

Name & Signature of Applicant :

Date : (.....)

Recommended / Not Recommended
Management Committee

Admitted / Not Admitted
Chairman BOT

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