



Vision: To be the leading development platform for entrepreneurs Malaysia, and globally
Mission: To develop an ecosystem that inspires and grow Malaysian entrepreneurs and the community; to bridge, guide and share best business practices with aspiring entrepreneurs

Pls affix three
passport size
photographs

MEMBERSHIP APPLICATION FORM (KL / NS / MELAKA / JOHOR STATE LIAISON)

PERSONAL DATA

MEMBERSHIP NUMBER _____

*NAME IN FULL _____ *CHINESE NAME _____ *NATIONALITY _____
 *NRIC / PASSPORT NO _____ *DATE OF BIRTH _____ *MARITAL STATUS SINGLE MARRIED
 *RESIDENCE ADDRESS _____ *GENDER MALE FEMALE
 *HOME TEL _____ *H/P 1 _____ *H/P 2 _____ FAX _____
 URL _____ *EMAIL _____
 * () I would like to receive PUMM news via email (please indicate)

PROFESSION / TRADE

*NATURE OF BUSINESS _____
 *POSITION _____ *PRODUCT & SERVICES _____
 *COMPANY NAME _____
 *COMPANY ADDRESS _____
 *OFFICE TEL _____ FAX _____ URL _____
 *EMAIL _____

MEMBERSHIP FEES

REGISTRATION FEES (Compulsory) RM 100.00
 LIFE MEMBER (LM) RM 3000.00

TOTAL PAYMENT RM 3,100

PAYMENT

ENCLOSED HERE WITH CHEQUE

CHEQUE NO. _____ AMOUNT _____

Made Payable to :

**PERSATUAN USAHAWAN MAJU MALAYSIA
 PUBLIC BANK BERHAD : 3177880621**

For direct bank in, kindly return bank in slip as proof of payment. Please email to pummkl@gmail.com

* Note: Deposit paid is non-refundable

PLEASE FILL UP EVERY COLUMN STATED WITH *

DECLARATIONS

I confirm that all the above information is true and correct and I hereby agree to adhere to the rules & regulations of the association.
 I declare that I am not a bankrupt and I have never jailed for more than one year by any Malaysia court and never been fined for more than RM 2,000.00.
 I fully understand that the Board of Committee reserves all right to terminate and / or reject my application at any time for misconduct and / or failure to comply with the rules and regulations set out thereof.

 SIGNATURE OF APPLICANT
 DATE :

FOR OFFICE USE ONLY

NAME OF PROPOSER _____
 MEMBERSHIP NO. _____

NAME OF SECONDER _____
 MEMBERSHIP NO. _____

 SIGNATURE

 SIGNATURE

DATE RECEIVED _____

DATE OF EXCO MEETING _____

APPLICANT INFORMED DATE _____

MEMBERSHIP NO. _____

| | | |
|------------------------------------|---|--|
| PUMM Headquarter | ● A-11-01, Plaza Bukit Jalil (Aurora SOVO), Bandar Bukit Jalil, 57000, Kuala Lumpur. ● T: 017-630 5132 | E: pummkl@gmail.com W: www.pumm.my |
| PUMM Perak State Liaison | T: (6012) 615 6888 | E: pumpperak@gmail.com |
| PUMM Penang State Liaison | T: (6019) 558 2005 | E: pummpg@gmail.com |
| PUMM Johor State Liaison | T: (6014) 914 0890 | E: pummjohor@gmail.com |
| PUMM Pahang State Liaison | T: (6012) 355 2533 | E: pummpahang88@gmail.com |
| PUMM Selangor State Liaison | T: (6012) 787 3133 | E: pumm.selangor@gmail.com |
| PUMM Sabah State Liaison | T: (6016) 844 2928 | E: jeff@ga.com.my |
| PUMM NS State Liaison | T: (6017) 630 5132 | E: pummkl@gmail.com |
| PUMM Melaka State Liaison | T: (6018) 294 8687 | E: woanyi7900@gmail.com |