

## MCTC MEMBERSHIP APPLICATION FORM

Membership No. \_\_\_\_\_

Name of Organisation \_\_\_\_\_

**Personel Details of Organisation Representative**

Title (please cross the appropriate box)    Prof.    Dr.    Mr.    Mrs.    Ms.

Name \_\_\_\_\_ IC No. \_\_\_\_\_

Position in organisation \_\_\_\_\_

Organisation address \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Tel. (office) \_\_\_\_\_ (mobile) \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

No.	Types of Membership	Annual Fees (one year)	
1.			
2.			
3.			
4.			

Our organization agree to gibe payment by cash/bank cheque addressed to the **Majlis Kawalan Tembakau Malaysia ( Malaysian Council for Tobacco Control )**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Disclosure of Tobacco Industry Ties/Contacts/Relationships**

*To ensure that all members of the Malaysian Council for Tobacco Control conduct activities that are independent with integrity and impartiality, a disclosure form must be completed and a declaration made where all members agree (and comply) to have no ties/contacts or relationships with tobacco industries.*

1. Do you personally, or does your partner or any immediate family member have existing, past, or anticipated formal relations or other contact with the tobacco industry or organizations related to the tobacco industry.

**Yes**     [please provide details in the boxes below]

**No**    

2. Does the organization with which you have an employment relationship have existing, past (in the last 2 years), or anticipated formal relations or other contact with the tobacco industry or organizations related to the tobacco industry.

**Yes**     [please provide details in the boxes below]

**No**    

**Details of relationship/contact with tobacco industry or organizations related to the tobacco industry:**

Name of tobacco or related organization	Type of relationship/contact (describe)	Relationship/contact is with you, your partner, immediate family member or your employer?	Relationship/contact is current, past (specific dates of relationship), or anticipated?

I hereby declare that the disclosed information is correct and undertake to inform the Malaysian Council for Tobacco Control of any changes in these circumstances.

Name \_\_\_\_\_  
 Position/Job Title \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Please complete and return this form by hand of fax to **03-40405273**  
 Note : this form must be signed and cannot be returned by email.