



ASIAN SOCIETY FOR
QUALITY IN HEALTH CARE

Registration No.
PPM-028-14-28062016

ASQua Issue 12/2022

MEMBERSHIP APPLICATION FORM (INSTITUTIONAL)

Organisation Name in Full (followed by acronym, if any) <in CAPITAL letters please>

Organisation Registration No. / and Date of Registration
(Under Local Laws)

Website/Facebook/Instagram/Linkedin

Address (in CAPITAL letters please)

Postcode

Country

Mailing (all correspondences will be sent here)

() -

Telephone

Mobile

E-mail

Voting Representative (in CAPITAL letters please)

Honorifics, Name and Designation (in CAPITAL letters please)

I/We* hereby apply for the Institutional membership and agree to be bound by its Constitution
(Kindly visit <https://www.asquaa.org/resources>, to view or download current ASQua constitution)

I hereby give consent to publish my organisation's name in ASQua website (Tick ✓) _____

Signature & Date (President/CEO/COO/Director)

Company's Stamp/Chop

Type (Tick ✓)	Description / Category	Non-Hospital	Hospitals >50beds	Hospitals 50beds & below
New _____	Annual Subscription Fee	USD 250.00	USD 150.00	USD 100.00
Renewal _____	Registration Fee	USD 50.00	USD 50.00	USD 50.00
Non-renewal _____ (Cease membership)	(one-time)			

Payment Amount: USD.....
Cheque/Bank Draft/Telegraphic Transfer/Postal Order No:

Payment must be in favour of "Asian Society for Quality in Health Care"

Bank: CIMB Bank Berhad
Address: Ground Floor, Bangunan Commerce Life
No.338, Jalan Tuanku Abdul Rahman
50100 Kuala Lumpur
MALAYSIA

Account Number: 86-0308876-5 | Swift Code: CIBBMYKL

Notice: The Secretariat reserves the right to peg (fix) and convert the foreign
exchange (FOREX) based on prevailing rates to Malaysian Ringgit (Board
Approved at 7th Meeting on 29th August 2014 in Taipei, Taiwan)

Please send this form together with your organisational profile and payment to:

THE SECRETARIAT (Malaysia)
ASIAN SOCIETY FOR QUALITY IN HEALTH CARE (ASQua)
c/o B.6-1, Level 6
Menara Wisma Sejarah
230, Jalan Tun Razak
50400 Kuala Lumpur
Wilayah Persekutuan
MALAYSIA

www.asquaa.org

Tel: 603-26812232 Fax: 603-2681 3199 Email: asqua@asquaa.org

Mobile: +60 122012479 (sms & whatsapp) Skype: asquasecretariat

*All applications are subjected to ASQua's Board approval.

We accept photocopies of this form.

FOR OFFICE USE ONLY

Approved by,

Date

Remarks :