

**PERSATUAN PUSAT PEMBANGUNAN POTENSI CADS
KUALA LUMPUR & SELANGOR (1659-03-5)**



Care For CADS

MEMBERSHIP FORM

Name: _____
NRIC No.: _____ Date of birth: _____
Current Address: _____
City: _____ Poscode: _____
State: _____
H/Phone No.: _____ House No: _____
Occupation: _____ Company Name: _____

SPOUSE INFORMATION

Name: _____
NRIC No. : _____ Date of birth: _____
H/Phone No.: _____ House No : _____
Occupation: _____ Company Name: _____

CHILDREN INFORMATION

How many children do you have? _____

Do you have any special kids? Yes No

1) Name: _____
Date of birth: _____ NRIC No. : _____

Category: Cerebral Palsy: Down sindrom:
Autism-ADHD: Slow learners:
Others: _____

2) Name: _____
Date of birth: _____ NRIC No. : _____

Category: Cerebral Palsy: Down sindrom:
Autism-ADHD: Slow learners:
Others: _____

CONTRIBUTION TO ASSOCIATION

1) What is your area of expertise?

2) How can you contribute to growth & development of CADS CENTRE?

SIGNATURES

Signature of applicant: _____

Date: _____