



MALAYSIAN SPINAL INJURIES ASSOCIATION

PERSATUAN KECEDERAAN SPINA MALAYSIA

No. 3, Jalan 12/1, Taman Cheras Jaya,
43200 Cheras, Selangor Darul Ehsan, Malaysia.
Tel. & Fax 03-90803198

Photograph
Required

Membership Form / Borang Keahlian

Name / Nama : _____ Sex / Jantina : _____

Home Address /
Alamat Rumah : _____

Telephone / Telefon : _____ Handphone / Telefon Bimbit : _____

Office Address /
Alamat Pejabat : _____
: _____
: _____ Telephone / Telefon : _____

NRIC No. / No. Kad Pengenalan : _____ Date Of Birth / Tarikh Lahir : _____

Nationality / Warganegara : _____ Education / Pendidikan : _____

Race / Bangsa : _____

Occupation / Pekerjaan : _____ Marital Status / Taraf Perkahwinan : _____

Date Of Injury / Paralysis / Tarikh Mengalami Kecederaan / Kelumpuhan : _____

Level Of Lesion / Tahap Kecederaan : _____

Brief Details Of Cause / Keterangan Ringkas Mengenai Punca : _____

Do You Have Any Problem Related To Your Disability? /
Adakah Anda Mengalami Sebarang Masalah Berhubung Ketidak Upayaan Anda? Yes / Ya No / Tidak

Name Of Hospital Where You Are / Were Treated? /
Nama Hospital Di Mana Anda Telah / Sedang Menerima Rawatan? : _____

Name Of Proposer / Nama Pencadang : _____

Membership No. / No. Keahlian : _____ Signature / Tandatangan : _____

Name Of Seconder / Nama Penyokong : _____

Membership No. / No. Keahlian : _____ Signature / Tandatangan : _____

I hereby apply to become an/a Ordinary / Associate / Junior member of the Association. I enclose herewith Registration fee RM 20 and agree to abide by the rules and regulations governed by the Constitution of the Association.

Saya dengan ini memohon untuk menjadi Ahli Biasa / Sekutu / Remaja Persatuan. Saya sertakan bersama ini wang Pendaftaran RM 20 dan bersetuju akan mematuhi aturan-aturan dan peruntukan- peruntukan dalam Perlembagaan Persatuan.

Membership Fee / Yuran Keahlian

RM 20 – One Time Registration For All Member
RM 20 – Yuaran Satu Kali Pendaftaran Untuk Semua Ahli

Please attach together a copy of

- 1) Identity card (IC)
- 2) Medical letter from the doctor regarding your disability

Sila sertakan salinan

- 1) *Kad pengenalan*
- 2) *Surat pengesahan daripada doktor berhubung ketidakupayaan yang dialami*

Date / Tarikh: _____

Applicant's Signature /Tandatangan Pemohon

(For the Secretary's Use Only)

Date Application Received : _____

Date Approved: _____

Membership No: _____ Cash / Cheque No: _____ Receipt No: _____

(Secretary)

Cause of Injury / Paralysis

Car / Vehicles

- Car Driver
- Van / Lorry Driver
- Passenger
- Motorcyclist
- Pillion Passenger
- Bicyclist
- Pedestrian
- Others (Please give detail below *)

Sporting / Leisure / Industrial Accident

- Driving
- Swimming
- Horse riding
- Rugby
- Gymnastics
- Other (Please detail *)
- Industrial
- Mining
- Fall at Work
- Others Fall (Please detail *)
- War Injury
- Others (Please detail *)

Medical And Other Causes

- Multiple Sclerosis
 - Spina Bifida #
 - Gunshot / Shrapnel / Stab
 - Laminectomy
 - Suicide attempt
 - Transverse Mylius
 - Others (Please detail *)
 - * Other(s) (Please specify) _____
- Polio #
 - Congenital
 - Infection
 - Surgery
 - Syringo Myelia
 - Tumour

(# are not eligible for full Membership unless also Spinal – cord injury)