



WORLDWIDE CONSUMERS' ASSOCIATION

Administrative Office:

No.55-01 & 02,
Jalan Austin Height 8/5,
Taman Mount Austin,
81100 JB, Johor, Malaysia.

+607 550 5362

Volunteer

Application Form

Passport
Size
Photo

Proposal for WCA membership of : _____

*** Personal Details**

First Name		_____	
Surname		_____	
I/C / Passport No	_____		Nationality
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth
			dd/mm/yy
Address			

Post Code		Country	
_____		_____	
Home Telephone		Mobile	
_____		_____	
Email		Fax	
_____		_____	
Website			

Volunteer Work Benefits

Becoming WCA Volunteer members gives you the opportunity to do volunteer work locally – or internationally. Make new friends and professional connections. Lead projects that make your community a better place to live. And have fun doing it.

Acknowledgement

Consistent with my desire to take personal responsibility for my conduct, individually and as a member of a Worldwide Consumers' Association (WCA), I agree to abide by the principles contained in WCA and the governing documents and policies of WCA. I will refrain from any form of discrimination, harassment, derogatory, illegal, or unethical conduct, and I understand that if I engage in such conduct, I agree to reimburse WCA, or other individuals involved with WCA, for any damages, losses, or costs resulting from my conduct. By submitting this application, I agree to the collection, use and processing of the personal information I provide to WCA in this Membership Application for the purposes of organization administration, payment of my dues, and inclusion of my contact information in a members' directory that will be distributed to members and employees of WCA. By submitting my personal information to WCA, I also agree that my information may be accessed and used by WCA and its employees and agents.

I certify that all of the information contained in this declaration is true and correct, and that attached to this declaration is a true and correct copy of the contract we use or intend to use. I understand that I am obligated to notify the chairman of the WCA immediately upon the change of any of the information provided in this declaration.

For Office Use Only

RECEIVED ON	_____ / _____ / _____	VOLUNTEER PASS PROCESSING FEE	RM 10.00	<input type="checkbox"/>
VOLUNTEER NO	_____	STATUS OF APP	<input type="checkbox"/> APPROVE	<input type="checkbox"/> REJECT
RECEIPT NO	_____	BOARD APPROVAL ON	_____ / _____ / _____	

Secretary

President

Nominated by
Name:

Applicant
Name: