



**MediaSpecialistsAssociation**

**MEDIA SPECIALISTS ASSOCIATION**

c/o Macomm Management Services Sdn Bhd  
Unit 706, Block B, Pusat Dagangan Phileo Damansara 1  
9 Jalan 16/11, Off Jalan Damansara 46350 Petaling Jaya  
Selangor Darul Ehsan, Malaysia  
T: 03-76608535 F: 03- 76608532 Email: [secretariat@macomm.com.my](mailto:secretariat@macomm.com.my)

**APPLICATION FOR MEMBERSHIP**

Name of Company : \_\_\_\_\_

Address: \_\_\_\_\_

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Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Date of Commencement of business: \_\_\_\_\_

Registration No: \_\_\_\_\_

GST No: \_\_\_\_\_

**Type of Company: Please tick (/) where appropriate**

- Company incorporated in Malaysia
- Partnership incorporated in Malaysia- planning and/or buying
- Unincorporated body of persons engaged in the business of media consultancy, planning and/or Buying

Where it is incorporated: \_\_\_\_\_

Total number of staff : \_\_\_\_\_

Banker's names : \_\_\_\_\_

Authorised Capital RM : \_\_\_\_\_

Paid up Capital, RM : \_\_\_\_\_

Equity - Local \_\_\_\_\_%

-Foreign: \_\_\_\_\_%

Name and address of Parent Company (If applicable): \_\_\_\_\_

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**Name of key personal**

1. Managing Director: \_\_\_\_\_

2. General Manager: \_\_\_\_\_

Number of Accounts/Clients: \_\_\_\_\_

All correspondences should be address to:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Secretary's Email: \_\_\_\_\_

**Please submit a copy of the following as supporting for your application:**

1. Form 9/13
2. M&A
3. Form 24
4. Form 49
5. Latest Audited Accounts
6. Independent substantiation to prove that 50% of gross income is a result from payment for services performed as a media agency.
7. For an unincorporated body, please submit sufficient supporting documents to reflect the above items 1-6.

In submitting this application, we hereby confirm that we will agree to be bound by and comply with the Rules of the Association and to the Standards of Practice and Ethical Conduct laid down by the Association on being accepted as a member of the Association.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp: