



**MALAYSIAN EMPLOYERS FEDERATION**

3A06 - 3A07, Block A, Pusat Dagangan Phileo Damansara II  
No. 15, Jalan 16/11, Off Jalan Damansara, 46350 Petaling Jaya, Selangor  
Tel : 03 - 7955 7778 Fax : 03 - 7955 6808 / 9008

Homepage : <http://www.mef.org.my>

**[FORM A]**

**FOR CALENDAR YEAR.....**

**M'SHIP NO. : .....**

**SUBSCRIPTION FORM FOR SINGLE COMPANY ORDINARY MEMBERSHIP**

**I COMPANY'S INFORMATION**

Name of Company : .....

Address of Company : .....

Correspondence Address : .....

Tel : ..... Fax : .....

General E-mail : ..... Homepage : .....

**II PAYMENT OF ANNUAL SUBSCRIPTION**

Annual Subscription depends on the total workforce in your company. Ordinary Members shall pay an annual subscription at the following rates :-

Total number of employees (in headquarters office, branches/factories inclusive) is .....persons.

the <b>first 100 employees</b> @ RM10.00 per employee	<b>RM</b> .....
the <b>second 100 employees</b> @ RM8.00 per employee	<b>RM</b> .....
the <b>third 100 employees</b> @ RM6.00 per employee	<b>RM</b> .....
thereafter,..... employees @ RM1.00 per employee	<b>RM</b> .....
<b>TOTAL</b>	<b>RM</b> .....

*( However, the subscription is subject to a Minimum of RM1,000.00 and a Maximum of RM6,000.00. )*

Enclosed is a cheque (number : ..... ) for RM ..... payable to **Malaysian Employers Federation** being the Annual Subscription for the year .....

**III INFORMATION ON COMPANY'S MANAGEMENT & CAPITAL OWNERSHIP**

**Chief Executive**

Name (Mr/Ms/Mdm) : .....

Designation : .....

e-mail : .....

**Person in-charge of Human Resources / Industrial Relations**

Name (Mr/Ms/Mdm) : .....

Designation : .....

e-mail : .....

**Person in-charge of Training**

Name (Mr/Ms/Mdm) : .....

Designation : .....

e-mail : .....

If your **employees** are represented by a trade union of workmen, please state name of union :

If your **company** is represented by a trade union of employers, please state name of union :

**The source of capital ownership of your company (equity more than 50%).**

- Malaysia .....%     Japan ..... %     Other Asian Countries ..... (%)
- UK / Europe ..... %     USA ..... %     Other Countries ..... (%)

**IV INFORMATION ON COMPANY'S BUSINESS ACTIVITY**

Please mark ( X ) at the appropriate box. Once determined, kindly elaborate the nature of activity specified.

Example : Nature of business activity : Manufacturing

Group : Non-Metallic, Mineral and Cement Products

Kindly elaborate : Manufacturing ready mix concrete, cement bricks, cement, concrete, piles and premix

**MANUFACTURING**

**NON-MANUFACTURING**

<input type="checkbox"/>	Basic & Fabricated Metallic Products
<input type="checkbox"/>	Electrical & Electronics
<input type="checkbox"/>	Food, Edible Oils, Beverages & Tobacco
<input type="checkbox"/>	Footwear, Textiles, Apparel & Garments
<input type="checkbox"/>	Machinery & Engineering
<input type="checkbox"/>	Mining
<input type="checkbox"/>	Non Metallic, Mineral & Cement Products
<input type="checkbox"/>	Paper & Paper Products
<input type="checkbox"/>	Petroleum, Chemical & Gases
<input type="checkbox"/>	Pharmaceuticals & Toiletries Products
<input type="checkbox"/>	Plastics & Rubber
<input type="checkbox"/>	Printing & Publishing
<input type="checkbox"/>	Timber & Wood Products
<input type="checkbox"/>	Transport / Motor / Parts Manufacturing & Assembling
<input type="checkbox"/>	Others ( Manufacturing )

<input type="checkbox"/>	Association & Society
<input type="checkbox"/>	Banking, Finance & Charge Card
<input type="checkbox"/>	Business Services - Post, Courier, Maintenance, Repair Facilities, etc.
<input type="checkbox"/>	Diversified, Holdings & Investment
<input type="checkbox"/>	Education & Training
<input type="checkbox"/>	Entertainment - Cinema, Amusement Centre, Theme Park, Travel Agencies
<input type="checkbox"/>	Hotel, Resort, Restaurant & Club
<input type="checkbox"/>	Insurance
<input type="checkbox"/>	IT & Communication
<input type="checkbox"/>	Media, Publishing & Advertising
<input type="checkbox"/>	Medical & Health Services
<input type="checkbox"/>	Plantation
<input type="checkbox"/>	Professional Services
<input type="checkbox"/>	Property Development & Construction
<input type="checkbox"/>	Security Services
<input type="checkbox"/>	Stockbroking, Investment Funds & Unit Trust
<input type="checkbox"/>	Transportation Services - Sea, Land & Air
<input type="checkbox"/>	Warehousing & Freight Forwarding, Shipyard & Port Services
<input type="checkbox"/>	Wholesale, Trading, Retail, Supplier, Distributor, Direct Selling, etc.
<input type="checkbox"/>	Others ( Non-manufacturing )

Kindly elaborate : \_\_\_\_\_  
 \_\_\_\_\_

**V LOCATION OF BRANCHES AND NUMBER OF EMPLOYEES OF EACH OFFICE :**

<i>Branches location :</i>	<i>No. of employees :</i>
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

*(If space is insufficient, please attach a separate sheet )*

**VI DECLARATION**

I hereby declare that all the above information is true to the best of my knowledge. We shall update MEF should there be any changes in the information given.

Name : ..... Date : .....

Designation : ..... Signature : .....