

PLEASE FILL IN WHERE APPLICABLE

I ENCLOSED HEREWITH

(Please tick [/] where applicable)

ORDINARY MEMBERSHIP	: RM 80.00	<input type="checkbox"/>
ASSOCIATE MEMBERSHIP	: RM 90.00	<input type="checkbox"/>
COMPANY MEMBERSHIP	: RM 300.00	<input type="checkbox"/>
PROCESSING FEE (COMPULSARY) RM 20.00		

SIGNATURE

DATE :

SPONSOR / PROPOSER NAME

SECONBER BY

SIGNATURE

SIGNATURE

DATE

DATE

FOR OFFICIAL USE ONLY

DATE RECEIVED :

AMOUNT : RM

MEMBERSHIP NO. :

REMARKS :

PLEASE CUT HERE

MEMBERSHIP FEE

Processing fee (once only)	:	RM 20.00
Ordinary member (Annually)	:	RM 80.00
Associate member (Annually)	:	RM 90.00
Company membership (Annually)	:	RM 300.00
Student	:	FOC

SATA
Registration Number
2139-10-SBH

CONTACT

facebook:
www.facebook.com/mysata

website:
www.mysata.org

e-mail:
satafriends@mysata.org

ADDRESS

SATA In-Cube,
6th Floor, Wisma Bandaraya, Jalan Masjid Lama,
8800, Kota Kinabalu, Sabah

**MEMBERSHIP
FORM**



Pioneering Techpreneur Development



OBJECTIVES

Contribute towards the government efforts in the planning and development of human resources to produce a skilled and suitable workforce that possess techpreneurial wisdom to cater the state's industrial needs

To keep abreast of developments in industry, technology, trends, business practices and to inform client of the latest advancements

To facilitate the development of a resilient ICT industry

To constantly improve the variety of resources available to the community by establishing new partnerships.

To make leaders, supporters, stakeholders and general public aware of the many advantages of SATA

To provide information networking technologies and resources to assist and encourage SATA members in creating and managing productive ICT business trends

To involve all segments of the private and public sectors

VISION

A techpreneur in every family

MISSION

Creating knowledge techpreneur by shaping, training, knowledge transfers, sharing of information, ideas generation and wisdom

PLEASE FILL IN WHERE APPLICABLE

FULL NAME :			
GENDER :	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
NRIC NO. :			
NATIONALITY :			
BIRTH DATE :			
BIRTH PLACE :			
HOME ADDRESS :			
MOBILE NO. :			
HOME NO. :			
OCCUPATION :			
ORGANISATION NAME :			
ORGANISATION TYPE :			
EMPLOYER NAME :			
OFFICE ADDRESS :			
FAX NO. :			
E-MAIL :			

PLEASE CUT HERE

