



STIA MEMBERSHIP NO: _____

Date: _____

Main activities: Sawmilling/K.D./Moulding/Veneer/Plywood
Blockboard/Wood Preservation/Laminated Board/Flooring
Export/Others: _____

APPLICATION FOR MEMBERSHIP

I/We, the undersigned hereby apply for membership of the SABAH TIMBER INDUSTRIES ASSOCIATION and hereby agree with the Committee thereof, and with each and every present and future member thereof that I/We will conform to and be bound by the rules and regulations of the Association for the time in force, or from time to time to be ordained, and the interpretation and construction thereof by the Committee, or any member or members of the committee to whom the committee may duly delegate their powers, and also that I/We will comply with and abide by and carry out every notice, summons, decision and directions of the Committee which shall affect me/us.

Date:.....day of20.....

Signed by the said(.....)
(.....) Designation

in the presence of(.....)
(.....) Designation

Enclose is cheque No:for RM1,000 as Entrance Fee and RM1000.00per year as subscription fee payable to the Association.

Name of Company:
Address :
.....

We, the undersigned proposer and seconder, being members of the Association, do declare that we are satisfied that the above fully qualifies for the membership as provided for in the Rules and Regulations of the Association.

Proposer: _____ Seconder: _____
(.....) (.....)

Note : All cheques must be crossed and made payable to :
“Sabah Timber Industries Association”

**Lot 25 & 26, Block E, 1st Floor, Phase III, Damai Plaza, Luyang Commercial Centre
88300 Kota Kinabalu. P O Box 20317, 88760 Luyang, Kota Kinabalu.
Tel : 6088-249186/240387 Fax: 6-088-233516
Email: stia@stia.com.my/stiaikk@stia.com.my Website: www.stia.com.my**



PARTICULARS OF APPLICANT

- 1. Name of Firm:
- 2. Address:
- 3. Postal address:
- 4. Telephone Numbers: 5.Fax:
- 6. E-mail: 7. Homepage:
- 8. Mill/s License No: 9. Export License No:.....

Tick (✓) where appropriate: (Foreign/Local company)

- 10. Sole Proprietor (please provide name):.....
- Or Partnership (please provide Director/s Name/Names

.....
11. Name of Partner/Manager/Employee in-charge of timber business:

.....
12. Date of commencement of business in timber export/processing:.....

13. Volume of timber sold and or shipped up to date of application:.....

14. Full Name & Address of Bankers:

.....
15. Trade References :

Name :

Address :

Name :

Address:.....

Signature of Candidate & Company Chop

.....

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Tel : 6088-249186/240387 Fax: 6-088-233516
Email: stia@stia.com.my/stiakk@stia.com.my Website: www.stia.com.my**

MEMBER'S PARTICULARS

Name of Company : _____

Location of Mill : _____

Processing Activities	Size of Mill/Area	Input volume (M3/month)	Main Species	Production Capacity (M3/month)	Export Volume (M3/month)	Export Destinations	Type of machineries	Total Employees	
								Local	Foreign
Sawmilling									
Kiln Drying									
Moulding									
Rotary Veneer									
Sliced Veneer									
Plywood									
Blockboard									
Wood Preservation									
Exporter only									
Others (please specify)									

* If more than one mill, please use separate copy

Note: Please enclose form 24 & 49