

Arthritis Foundation, Malaysia/马来西亚关节炎基金会/Yayasan Arthritis, Malaysia

Membership Application Form/会员申请表格/Borang Permohonan Keahlian

Name/姓名>Nama: _____ IC No./身份证号码/No. KP: _____

Date of birth/出生日期/Tarikh lahir: _____ Sex/性别/Jantina: _____ Marital status/婚姻状况/Taraf perkahwinan: _____

Occupation/职业/Pekerjaan: _____

Home address/住家地址/Alamat rumah: _____

Postcode/邮区编号/Poskod: _____ Town/城镇/Bandar: _____ State/州/Negeri: _____

Tel/电话/Tel: _____ Fax/传真/Fax: _____ E-mail/电邮/E-mel: _____

Office address/办事处地址/Alamat pejabat: _____

Postcode/邮区编号/Poskod: _____ Town/城镇/Bandar: _____ State/州/Negeri: _____

Tel/电话/Tel: _____ Fax/传真/Fax: _____ E-mail/电邮/E-mel: _____

I enclosed herewith/我谨此附上/Bersama ini saya sertakan:

a. Life Member/永久会员/Ahli Seumur HidupRM 200.00 ()

b. Corporate Member/团体会员/Ahli Korporat.....RM 1500.00 ()

(RM1 000 entrance fee/入会费/yuran kemasukan + RM500 annual subscription/年捐/bayaran tahunan)

c. Ordinary Member/普通会员/Ahli Biasa.....RM 35.00 ()

(RM20 entrance fee/入会费/yuran kemasukan + RM15 annual subscription/年捐/bayaran tahunan)

Please send your application form and membership fee to/请将申请表格及会员费寄至/Sila hantar borang ini dan yuran ahli kepada:

“Arthritis Foundation, Malaysia”

Lower Ground Floor, c/o Sunway Medical Centre, 5 Jalan Lagoon Selatan, Bandar Sunway, 46150 Petaling Jaya, Selangor.

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Signature/签名/Tandatangan

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Date/日期/Tarikh