



# 古晋博爱协会

KUCHING LIFE CARE SOCIETY

PERTUBUHAN PEMELIHARAAN HAYAT KUCHING

NO.58, LOT 2568, JALAN TUN AHMAD ZAIDI ADRUCE

93150 KUCHING, SARAWAK, MALAYSIA.

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## MEMBERSHIP APPLICATION FORM 会员申请表格

NAME : \_\_\_\_\_ 姓名 : \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

IC NO 身份证号码: \_\_\_\_\_

PLACE OF BIRTH 出生地: \_\_\_\_\_

OCCUPATION 职业: \_\_\_\_\_ MARITAL STATUS: M/S 已婚/未婚

HOME ADDRESS 住家: \_\_\_\_\_

OFFICE 办公: \_\_\_\_\_

EMAIL 电邮: \_\_\_\_\_

TELEPHONE/FAX NO: (H/P) \_\_\_\_\_ (O) \_\_\_\_\_

(H) \_\_\_\_\_ (FAX) \_\_\_\_\_

BLOOD GROUP: A, B, O, AB, PINTS OF BLOOD DONATED: \_\_\_\_\_

ORGANS DONOR 器官捐献: Y/N

ACADEMIC QUALIFICATION 教育: \_\_\_\_\_

LANGUAGE 语言: ENGLISH 英文 [ ] BM 国语 [ ] MANDARIN 华文 [ ] OTHER: \_\_\_\_\_

1. 我愿以协会之名义捐血或进行其他福利工作  
I AGREE TO DONATE BLOOD AND DOING ANY OTHER SOCIAL ACTIVITIES UNDER THE NAME OF THE SOCIETY
2. 以上资料属实, 我明白理事会有权接受或拒绝我的申请  
THE PARTICULARS STATED ABOVE ARE TRUE TO THE BEST OF MY BELIEF AND I UNDERSTAND THAT THE MANAGEMENT COMMITTEE OF KLCS RESERVES THE RIGHT TO ACCEPT OR REJECT MY APPLICATION WITHOUT GIVING ANY REASONS.
3. 我 \_\_\_\_\_ 愿意遵守协会之章程。  
I \_\_\_\_\_ UNDERTAKE TO MAKE MYSELF WITH THE RULES AND CONSTITUTION.
4. [ ] 入会费五元 ENTRANCE FEE RM5.00  
[ ] 年捐十二元 ANNUAL SUBSCRIPTION FEE RM 12.00
5. [ ] 永久会员费一百元 LIFE MEMBERSHIP FEE RM 100.00 IN LIEU OF ENTRANCE AND ANNUAL SUBSCRIPTION FEE.
6. SIGNATURE OF APPLICANT 申请人签名: \_\_\_\_\_  
DATE 日期: \_\_\_\_\_.
7. PROPOSED BY 提议人: \_\_\_\_\_  
SIGNATURE 签名: \_\_\_\_\_
8. SECONDED BY 附议人: \_\_\_\_\_  
SIGNATURE 签名: \_\_\_\_\_

### FOR OFFICE USE

APPLICATION APPROVED VIDE MINUTES OF MANAGEMENT COMMITTEE MEETING HELD ON \_\_\_\_\_ ENTRANCE, ANNUAL SUBSCRIPTION OR LIFE MEMBER FEE HAD BEEN PAID VIDE

OFFICIAL RECEIPT NO: \_\_\_\_\_ RM \_\_\_\_\_ AND DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

SECRETARY: \_\_\_\_\_ DATE: \_\_\_\_\_