

彭亨傅氏公會 PERSATUAN KETURUNAN POH PAHANG PAHANG POH ASSOCIATION (PPM-012-06-03052016)

A5740, Taman Mas, Jalan Berserah, Lorong Alor Akar 1, 25250 Kuantan, Pahang 電話Tel: +603-6186 8780 傳真Fax: +603-67891739 會員號碼 MEMBERSHIP NO

照片PHOTO

| 會員入會申請表格 MEMBERSHIP APPLICATION FORM | | | | |
|--|--|------------------------|--------------------------------|--------|
| 申請人資料 APPLICANT INFORMATION | | | | |
| 國文姓名(依照身份證)NAME (AS IN IC.) 中文 | | P文姓名CHINESE NAME | | |
| 自, // 字及Be ZIE L C No | | 山井口期 (口/日/左) | DATE OF BIRTH (DD /MAA (AAAA) | 年齢AGE |
| 身份證號碼I.C. No. | i | 田土日朔(日/月/年) | DATE OF BIRTH (DD/MM/YYYY) | 午龄 AGE |
| 通訊地址POSTAL ADDRESS | I | | | |
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| | les tends and | | | |
| 性別SEX | 婚姻狀況MARITAL STATUS | | 職業OCCUPATION | |
| 住宅電話號碼HOUSE TELEPHONE NO. | | | 電郵地址E-MAIL ADDRESS | |
| 性七电的航码 HOUSE TELEPHONE NO. | 一 | | 电郵地址 E-IMAIL ADDRESS | |
| 具趣INTERESTS | | | | |
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| | La Nelson I. delte de | | | |
| | 申請人簽名APPLICANT'S | SIGNATURE | | |
| 我謹此證明上述所有資料全部屬實,並願際主格所以,会其合於22至20年至中 | | 幹 | | |
| 隨表格附上入會基金RM2及RM100作爲申I HEREBY CONFIRMED THAT ALL THE ABOVE | | | ECHI ATIONS OF THE ASSOCIATION | ı |
| ENCLOSED PLEASE FIND ENTRANCE FEE RM | | | | 1. |
| LONG LIFE MEMBERSHIP. | | | | |
| EGNG EN E MEMBERGINI : | | | | |
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| | | | | |
| 日期申請人簽名 | | | | |
| DATE:// | , | APPLICANT'S SIGNATURE: | | |
| A ATT I MY IT PROPOSED IS CLOSULTING | | | | |
| 介紹人簽名PROPOSED'S SIGNATURE | | | | |
| 僅此證明上述申請人為馬來西亞傅氏公會永久會員籍。 I HEREBY CERTIFY THAT THE ABOVE APPLICANT IS POH ASSOCIATION OF MALAYSIA LONG LIFE MEMBERSHIP. | | | | |
| THEREBY CERTIFY THAT THE ABOVE AFFEICANT IS FOIT ASSOCIATION OF MIALATSIA LONG LIFE MILMIDERSTIF. | | | | |
| | | | | |
| | | | | |
| 介紹人姓名 | | | | |
| PROPOSED BY: | | | | |
| 會員證號碼 | | 介紹人簽名 | | |
| MEMBERSHIP NO.: | | PROPOSED'S SIGNATU | RE: | |
| | 十 市 棚 供 十 今 点 皮 500 T 1 - 1 - 1 - 1 | OCIATION HEE CAND | | |
| +U, V 2 · □ #□ | 本專欄備本會填寫 FOR THE ASSO | OCIATION USE ONLY | | |
| 批准日期 | | | | |
| DATE OF APPROVAL: | | | | |
| 水久曾貝號晦 LONG LIFE MEMBERSHIP NO.: | | | | |
| 收據號碼 | | 會長簽名 | | |
| RECEIPT NO.: | | APPROVED BY PRESIDE | ENT: | |