



馬來西亞傳氏總會

PERSATUAN KETURUNAN POH MALAYSIA  
POH ASSOCIATION OF MALAYSIA

雪州黑風洞路斯裏鵝嚙SG 1/2 路門牌六號B (二樓)  
No. 6B, Jalan SG 1/2, Seri Gombak 68100 Batu Caves, Selangor Darul Ehsan, Malaysia.  
電話Tel: +603-6186 8780 傳真Fax: +603-67891739

會員號碼 MEMBERSHIP NO

照片PHOTO

會員資料更新表格 MEMBERSHIP AMENDMENT FORM

資料更新 RENEW INFORMATION

|                               |                     |   |  |
|-------------------------------|---------------------|---|--|
| 國文姓名 (依照身份證) NAME (AS IN IC.) |                     | 中文姓名CHINESE NAME                              |  |
| 身份證號碼I.C. No.                 |                     | 出生日期 (日/月/年) DATE OF BIRTH (DD/MM/YYYY) 年齡AGE |  |
| 通訊地址POSTAL ADDRESS            |                     |   |  |
|                               |                     |   |  |
| 性別SEX                         | 婚姻狀況MARITAL STATUS  | 職業OCCUPATION                                  |  |
|                               |                     |   |  |
| 住宅電話號碼HOUSE TELEPHONE NO.     | 手提電話號碼HANDPHONE NO. | 電郵地址E-MAIL ADDRESS                            |  |
|                               |                     |   |  |
| 興趣INTERESTS                   |                     |   |  |
|                               |                     |   |  |

申請人簽名APPLICANT'S SIGNATURE

我謹此證明上述所有資料全部屬實，並願遵守貴會規章及各議決案。

隨表格附上入會基金RM2及RM100作為申請成為馬來西亞傳氏公會永久會員籍。

I HEREBY CONFIRMED THAT ALL THE ABOVE ARE TRUE AND I AM WILLING TO OBIDE BY THE RULES & REGULATIONS OF THE ASSOCIATION.  
ENCLOSED PLEASE FIND ENTRANCE FEE RM2 AND SUBSCRIPTION FEES RM100 ON APPLICATION FOR POH ASSOCIATION OF MALAYSIA  
LONG LIFE MEMBERSHIP.

日期  
DATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

申請人簽名  
APPLICANT'S SIGNATURE: \_\_\_\_\_