



納閩傅氏公會
PERSATUAN KETURUNAN POH LABUAN
LABUAN POH ASSOCIATION
(PPM-001-15-19052016)
SU 3511 Jalan Kolam KG. Baru Arang, P. O. Box 37,
87000 Wilayah Persekutuan Kuala Lumpur.
電話Tel: +603-6186 8780 傳真Fax: +603-67891739

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| 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傅氏公會永久會員籍。

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: _____

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.

介紹人姓名
PROPOSED BY: _____

會員證號碼
MEMBERSHIP NO.: _____

介紹人簽名
PROPOSED'S SIGNATURE: _____

本專欄備本會填寫 FOR THE ASSOCIATION USE ONLY

批准日期
DATE OF APPROVAL: _____

永久會員號碼
LONG LIFE MEMBERSHIP NO.: _____

收據號碼
RECEIPT NO.: _____

會長簽名
APPROVED BY PRESIDENT: _____