

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

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作爲申請成爲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: _____