馬來西亞傅氏总會妇女组
PERSATUAN KETURUNAN POH MALAYSIA
POH ASSOCIATION OF MALAYSIA WOMEN SECTION
雪州黑風洞路斯裏鵝嘜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: _____