

APPLICATION FOR MEMBERSHIP
BORANG PERMOHONAN UNTUK MENJADI AHLI PERSATUAN

Full Name/*Nama Penuh*: _____

NRIC/*No. K.P.*: _____ Date of Birth/*Tarikh Lahir*: _____

Sex/*Jantina*: _____ Place of Birth/*Tempat Lahir*: _____

Home Address/*Alamat Rumah*: _____

 Postcode/*Poskod*: _____

Tel/*Tel.* (Mobile/*bimbit*): _____ Fax/*Faks*: _____ Email: _____

Professional Qualifications (degree/subject/year)/*Taraf Pengajian (kelulusan/subjek/tahun)*: _____

(Applications for Ordinary membership should include photocopies of certificates of professional qualifications.)

Occupation/*Pekerjaan*: _____

Office name /*Nama Pejabat*: _____

Office address/*Alamat Pejabat*: _____

 Postcode/*Poskod*: _____ Tel/*Tel.* (Office/*Pejabat*): _____

Please circle address preferred for correspondence/Sila bulatkan alamat surat-menyurat: Home/*Rumah* or Office/*Pejabat*

Type of Membership/*Jenis Keahlian* (Tick appropriate box/*Tandakan kotak yang berkenaan*):

Ordinary member/ <i>Ahli biasa</i>	<input type="checkbox"/>	RM50.00 per calendar year/ <i>setahun</i>
Life member/ <i>Ahli seumur hidup</i>	<input type="checkbox"/>	RM500.00
Corporate member/ <i>Ahli korporat</i>	<input type="checkbox"/>	RM500.00 per calendar year/ <i>setahun</i>
Associate member/ <i>Ahli bersekutu</i>	<input type="checkbox"/>	RM30.00 per calendar year/ <i>setahun</i>

Membership fee may be paid (1) by cash at any Maybank branch or (2) via internet banking. Use the following banking information.
Yuran keahlian boleh dibayar (1) secara tunai di mana-mana cawangan Maybank atau (2) melalui perbankan internet. Gunakan maklumat perbankan berikut:

Name of account/*Nama akaun*: **Malaysian Association for the Study of Obesity**

Account number/*Nombor akaun*: **0-14084-33151-6**

Please attach bank-in slip or online transaction as proof of payment. /*Sila sertakan slip bank atau transaksi dalam talian sebagai bukti pembayaran.*

Name of proposer/*Nama pencadang*: _____ Signature/*Tandatangan*: _____

Name of seconder/*Nama penyokong*: _____ Signature/*Tandatangan*: _____

I enclose remittance for/*Di sini saya sertakan pengiriman berjumlah*: RM _____

I wish to be an active member of the Association and shall abide by its statutes.

Saya berminat menyertai Persatuan ini dan akan bertanggungjawab terhadap tugas yang diamanahkan.

Date/*Tarikh*: _____ Signature of applicant/*Tandatangan pemohon*: _____

(FOR OFFICIAL USE/UNTUK KEGUNAAN PEJABAT)

Date received: _____ Date approved: _____ Date informed: _____

Receipt No: _____ Cash/Transfer: _____ Amount: _____

Membership No: _____ Signature of President: _____