



**巴生濱海南安會館**  
**NAM ANN ASSOCIATION COASTAL DISTRICTS KLANG**  
 2-A Jalan Taiping, 41400 Klang, Selangor Darul Ehsan.  
 Tel: +(603)3342 0083 Fax: +(603)3342 1550



会员编号  
Membership No.

## 会员申请书

### MEMBERSHIP APPLICATION FORM

姓名(中文): Name(Chinese):		姓名(英文): Name(English):		性别: Sex
身份证号码: I.C.No.		出生地: Place of Birth		年龄: Age
公民: Citizenship		祖籍: 都 乡 厝		
婚姻状况: 已婚/未婚 Marital Status		教育程度: Education		职业: Occupation
住宅地址(英文): Residential Address				
通讯地址(英文): Correspondence Address				
住宅电话: Residential Tel.		办事处电话: Office Tel.		传真: Fax
手提电话: Handphone		电邮: E-mail		网站: Website
配偶姓名(中文): Spouse's Name(Chinese):		配偶姓名(英文): Spouse's Name(English):		年龄: Age
身份证号码: I.C.No.		教育程度: Education		职业: Occupation
父亲姓名(中文): Father's Name(Chinese):		父亲姓名(英文): Father's Name(English):		年龄: 健在/已故 Age Living/Deceased
母亲姓名(中文): Mother's Name(Chinese):		母亲姓名(英文): Mother's Name(English):		年龄: 健在/已故 Age Living/Deceased
介绍人姓名: Proposer			赞成人姓名: Secondor	
会员编号: Membership No.		签名: Signature		会员编号: Membership No.
电话 Tel:		手机 H/P:		签名: Signature
手机 H/P:				

余申请加入为贵会永久会员并愿遵守会章及一切议决案特填写志愿书为据。

I desire to become a life member of your Association and I hereby agreed to be bound by the Rules and Regulations of the Association upon membership approval.

申请日期 Date of Application: \_\_\_\_\_ 入会人签名 Signature of Applicant: \_\_\_\_\_

#### 供本会专用 For Office Use Only

收据号码: \_\_\_\_\_ 批准日期: \_\_\_\_\_ 会长签名: \_\_\_\_\_  
 Receipt No. Date Approved Signature of President

备注: \_\_\_\_\_  
 Remarks

入会费 Admission Fees: 永久会员 Life Membership RM 50.00, 基金 Foundation RM 5.00