



雪隆潮州会馆妇女组

THE SELANGOR KUALA LUMPUR TEO CHEW ASSOCIATION
WOMEN SECTION

35 (1st Floor), Jalan Ampang, 50450 Kuala Lumpur.
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E-mail: tcasklwomen@gmail.com Website: http://www.teochew-skl.org

附属组员入组申请表

WM-F: 2017-08

(只限会员之非潮籍妻子)

WOMEN SECTION SUB-MEMBERSHIP APPLICATION FORM (For Member's Wife - Non Teo Chew)

姓名 (英) Name (English)						姓名 (中) Name (Chinese)			
身份证号码 I.C NO.	(新) New (旧) Old					-			
职业 (请填中文) Occupation (Chinese)		学历 Academic						祖籍县属 District	
配偶姓名 (英) Spouse Name (English)						配偶姓名 (中) Spouse Name (Chinese)			
配偶会员证号码 Spouse Membership No.						配偶祖籍 Spouse's District			
住家地址 Home Address									
住家电话 Residential Tel						手机号码 Mobile Phone			
办事处地址 Office Address									
办公室电话 Office Tel						传真号码 Fax No.			
电子邮件 E-mail address									

兴趣 Interests	<input type="checkbox"/> 社交活动 Social Activities	<input type="checkbox"/> 体育活动 Sports Activities
	<input type="checkbox"/> 福利活动 Welfare Activities	<input type="checkbox"/> 商业活动 Business Activities
	<input type="checkbox"/> 文化活动 Cultural Activities	<input type="checkbox"/> 教育活动 Educational Activities

我谨此证明上述所有资料全部属实, 并愿遵守贵会章程及议决案。随表格附上妇女组入组基金马币十令吉。

I hereby confirmed that all the above are true and I am willing to abide by the Rules and Resolutions of the Association.
Enclosed please find Entrance Fee RM 10.00 .

日期

Date : _____

申请人签名 Applicant' s Signature

谨此证明上述申请人为潮籍同乡之妻子。 I hereby to certify that the above applicant is Teochew's Wife.

介绍人姓名

Proposed by : _____

会员证号码

Membership No. : _____

介绍人签名

Signature : _____

本栏专备妇女组填写 For the Women Section's use only

妇女组批准日期

Women Section Date of Approval :

妇女组组员号码

Women Section Membership No. :

收据号码

Receipt No. : _____