

美里叶氏宗亲会

PERSATUAN KLAN YAP MIRI

C/O Pacific Orient Hotel, 49 Jalan Brooke, 98000 Miri

Tel: 085-655508 (瑞顺), 0168938088 (乃良), 0193354149 (世勇)

入会申请表格 (Application For Membership)

相
片

姓名(华文) _____ 英文 _____
 Name (Chinese): _____ (English): _____

性别 _____ 年龄 _____ 出生日期 _____ 出生地 _____
 Sex: _____ Age : _____ Date of Birth: _____ Place of Birth: _____

身份证号码 _____ 婚姻状况 _____
 Identity Card No.: _____ Marital Status: _____

学历 _____ 籍贯 _____ 职业 _____
 Academic Qualifications: _____ Dialect: _____ Occupation: _____

电话号码(住家) _____ 办公室 _____
 Telephone No.(Home) _____ (Office) _____

手机号码 _____
 Handphone number: _____ Fax number: _____

住址 _____
 Home Address: _____

通讯处 _____
 Postal Address: _____

E-mail : _____

我谨此宣誓上述为本人之正确资料，并赞同叶氏宗亲会之宗旨，同时愿意遵守有关章则，特此申请入会。
 I certified that all the above information is true. I undertake to make myself with the Rules and By-laws of the Association and to observe all these Rule and By-laws, as a member.

日期 _____ 申请人签 _____
 Date: _____ Signature Of Applicant: _____

日期 _____ 介绍人姓名 _____ 介绍人签 _____
 Date: _____ Proposer's Name: _____ Signature: _____

日期 _____ 附议人姓名 _____ 附议人签 _____
 Date: _____ Seconder's Name: _____ Signature: _____

执委会专用栏(FOR OFFICIAL USE)

批准 / 不批准 _____ 日期 _____
 Acceptance/ Rejection Of application _____ Date: _____

永久会员费 附属会员费 行政费
 Life Member Fee (RM 150) _____ Supplementary Member Fee (RM 50) _____ Processing Fee(RM 10) _____

会员证号码 _____ 主席签 _____
 Membership Number : _____ President's Signature: _____