

# 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 <input type="checkbox"/>	附属会员费 <input type="checkbox"/> 行政费 <input type="checkbox"/>
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: