



美里太极学会

MIRI THAI CHI PHYSICAL CULTURE ASSOCIATION

LOT 1465, BLOCK NO. 5  
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P.O. BOX 608, 98007  
MIRI, SARAWAK.

2 copies of  
photograph

相片两张

申请入会表 / ENROLMENT FORM

姓名 (中文) \_\_\_\_\_

NAME (英文) \_\_\_\_\_

(IN CAPITALS)

出生日期

DATE OF BIRTH \_\_\_\_\_

国籍

NATIONALITY \_\_\_\_\_

籍贯

RACE \_\_\_\_\_

年龄

AGE \_\_\_\_\_

居民证号码

NATIONAL REGISTRATION CARD NO. \_\_\_\_\_

未婚/已婚

SINGLE/MARRIED \_\_\_\_\_

职业

OCCUPATION \_\_\_\_\_

通讯处

POSTAL ADDRESS \_\_\_\_\_

住址

HOME ADDRESS \_\_\_\_\_

电话/手提号码

TEL/HP NO. \_\_\_\_\_

鄙人兹申请参加美里太极学会为会员, 并愿遵守规则, 此请。

I wish to enrol myself as a member of your association and hereby agree to abide by its rules and regulations.

日期 / DATE \_\_\_\_\_

申请人 / APPLICANT \_\_\_\_\_

批准 / APPROVED \_\_\_\_\_

介绍人 / SPONSORED BY \_\_\_\_\_

祈阅后面规则以便选择练习时间。

Please read the regulations overleaf for choice of times for practice.