

PERTUBUHAN UNTUK ADVOKASI DAN KESEDARAN KANSER KUCHING

MEMBERSHIP APPLICATION FORM

Title: Mr Mdm Ms Dr Others, please specify: _____

Name (as per IC): _____

I.C. / Passport No: _____

Date Of Birth: _____ Gender: Male Female Marital Status: _____

Nationality: _____ Profession: _____

Home Address: _____

City: _____ State: _____ Postcode: _____

Mailing Address: _____

City: _____ State: _____ Postcode: _____

Home Tel No: _____ Mobile Tel No: _____ OfficeTel No: _____

Email: _____

MEMBERSHIP TYPE

Entrance Fee (RM 10) Annual Subscription (RM 20) Lifetime Subscription (RM 100)

Payment can be made via cash, cheque, or online transfer. For cheques, please address the payment to 'Pertubuhan Untuk Advokasi Dan Kesedaran Kanser Kuching'. You may make the payment directly to our CIMB account no. 800-88-744-80.

I, _____ hereby apply for Membership of the Pertubuhan Untuk Advokasi Dan Kesedaran Kanser Kuching and declare that I hereby agree to abide by the Constitution and Bye-Laws of SCAN.

Date: _____ Signature of Applicant: _____

PROPOSER

SECONDER

Signature: _____

Name: _____

Membership No: _____

Date: _____

FOR OFFICE USE ONLY

Date of Election: _____ Approved / Not Approved by: _____
(Signature & Name of Office Bearer)

Receipt No: _____ Membership No: _____