



HOSPIS MELAKA
We Care And Comfort

No. 5 & 5A Jalan Malinja 3, Taman Malinja, Bukit Baru, 75150 Melaka

APPLICATION FOR MEMBERSHIP

I wish to apply for membership with your association. I am a Malaysian citizen, over 18 years of age and my personal particulars are as follows:

- 1. Full Name (Datuk/Datin/Dr/Mr/Mrs/Miss/Mdm)
- 2. NRIC No.: 3. Race:
- 4. Religion: 5. Date & Place of Birth:
- 6. Home address:
.....Postcode:
- 7. Tel No.: Mobile: Residence: 8. e-mail:
- 9. Correspondence address: (home/office)
.....
- 10. Profession/Occupation: 11. Employer:
- 12. Languages spoken:
- 13. Social work experience: (if any)
- 14. Area of interest (please tick)
 - 14.1 Visiting patients
 - 14.2 Organizing training programmes & workshops
 - 14.3 Donation drives
 - 14.4 Others (please specify)

I hereby remit RM20.00 as annual subscription for the year 20... and agree to abide by the Rules and the Constitution of HOSPIS MELAKA.

Date:
.....
(Signature of applicant)

Signature of Proposer: Signature of Seconder:
& name () & name ()

FOR OFFICIAL USE

Application approved at committee meeting held on: Receipt No.:

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(Hon. Secretary)