



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)