PERSATUAN PERUBATAN DESA SABAH
SABAH RURAL MEDICINE SOCIETY

BORANG KEAHLIAN
MEMBERSHIP FORM

A. Butir – butir Peribadi / *Personal details*

Nama/ *Name*: _____

Alamat Pejabat/ *Address (Office)*: _____

_____

E-mail: _____ Tel (H/P): _____ Fax: _____

Alamat Rumah / *Address (House)*: _____

_____

Jantina / *Gender*: Perempuan / *female* ☐ Lelaki / *Male* ☐

No. Kad Pengenalan / *Identity Card Num.* : _____

B. Jenis Keahlian/ *Membership applied for (tick the appropriate box):*

1. Yuran Pendaftaran / *Registration fee* – **RM 10.00** ☐
2. Biasa / *Ordinary* (yuran tahunan / *annual subscription* – **RM 50.00**) ☐
3. Seumur hidup / *Life* (sekali sahaja / *to be paid once* – **RM 300.00**) ☐
4. Bersekutu / *Associate* (yuran tahunan / *annual subscription* – **RM 30.00**) ☐
5. Kehormat / *Honorary* (tiada bayaran / ***no fee***) ☐
6. Pelajar / *Student* (sekali sahaja / *to be paid once* – **RM 10.00**) ☐
7. Sokongan / *Supportive* (yuran tahunan / *annual subscription* – **RM 10.00**) ☐

C. Pencapaian Akademik (bidang / tahun) / *Academic Qualifications (degree / subject / year):*

_____

Tarikh / *Date:* _____ T/tangan / *Signature:* _____

Sokongan Ahli / *Membership Support*

1. Nama / *Name:* _____ (No. Ahli / *Membership Num:* _____)

2.Nama / *Name:* _____ (No. Ahli / *Membership Num:* _____)

(UNTUK KEGUNAAN PEJABAT SAHAJA / *FOR OFFICIAL USE ONLY*)

Date received : _____ Date approved : _____

Membership Num. : _____ Signature of President : _____