

马来西亚佛教青年总会 YOUNG BUDDHIST ASSOCIATION OF MALAYSIA

附属会员申请入会表格 ASSOCIATE MEMBERSHIP APPLICATION FORM

To: Secretary General
Young Buddhist Association of Malaysia
9, Jalan SS25/24, Taman Mayang,
47301 Petaling Jaya.
Tel: 03-7804 9154
Fax: 03-7804 9021

请附上近照
一张
Please attach a
copy of recent
photo

逕启者:
Dear Sir / Madam,;

本人愿加入马佛青总会成为附属会员，有关本人之详情如下：
I would like to apply as an Associate Member of YBAM and my personal particulars are as follows:

1. 中文姓名 : _____ Name : _____ 2. 性别 Gender : _____
3. 永久地址 Permanent address : _____
_____ 电话号码 Telephone no : _____
4. 通讯地址 Correspondence address : _____
_____ 电话号码 Telephone no : _____
5. 手机号码 Mobile phone no: _____ 6. 电子邮址 Email address : _____
7. 身份证号码 I/C No. 旧 Old : _____ 新 New : _____
8. 出生日期 Birth date : _____ 9. 婚姻状况 Marital status : _____
10. 职业 Occupation : _____ 11. 专长/兴趣 Expertise/Hobby : _____
12. 教育程度 : 小学 中学 先修班 大专/学院 研究所 其他
Education level: Primary Secondary Pre-U/A level University/College Post graduate Others _____
科系/研修范围 Majoring/Area of study : _____
(大专/学院及以上 For University/College and above)

如本人被接受为附属会员，本人愿意遵守马佛青总会有关的条规。
If I am accepted as an Associate Member, I agree to abide by the rules and regulations of YBAM.

随此申请表格，本人附上支票/邮局汇票列号 _____ 计银 _____ 元为还:

* 普通附属会员年捐至 20____ (年捐 RM12.00) 。

I enclosed herewith a Cheque/Postal Order No: _____ amounting to RM _____ as the payment of:

* Ordinary Associate Membership subscription until year 20____ (Annual membership subscription RM12.00)

作为附属会员，本人希望收到下列语文之佛青活动资料。 英文 华文 两者皆是
As an associate member, I would like to receive all YBAM publications and news in English Chinese Both .

Yours faithfully,

申请者签名 Signature of applicant

日期 Date

* Delete where not applicable 请删除不适用者

附属会员局用 For Office Use

收据号码/申请日期 Receipt No./Date: _____

收件人 Received By : _____

批准/不批准于第 _____ 全国理事会会议于
Approved/Rejected during _____ Council Meeting held on _____

入会日期 Date of Commencement of Membership: _____

会员号码 Membership No. : _____