



诗巫闽清同乡会
MINGCHIANG TUNHION HUAY SIBU
入会申请表
MEMBERSHIP APPLICATION FORM

申请人姓名 Name	中文 Chinese	性别 Sex	婚姻状况 Marital Status	相片 Photo	
	英文 English				
出生日期 Date of Birth	年 Year	月 Month	日 Day		出生地 Place of Birth
祖籍 Ancestral Origin	县	都	镇		乡
配偶姓名 Spouse's Name	中文 (Chinese):		祖籍 Ancestral Origin		
	英文 (English):				
住址 Residential Address (以英文填写)					
通讯处 Correspondence Address (以英文填写)					
电话 Tel. No.	住宅: Home	手机: H/P	办事处: Office	电邮: E-mail:	
资历 Qualification			职业 Occupation		
父亲姓名 (中文) Father's Name			母亲姓名 (中文) Mother's Name		
提议者及附议者 (必须是诗巫闽清同乡会会员且确认申请者是闽清籍) Proposer and Seconder (Must be a member of Mingchiang Tunhion Huay SibU and confirmed that the applicant is Mingchiang dialect)					
提议者姓名 Proposer's Name	电话 Tel. No.	会员证编号 Membership No.	签名 Signature		
附议者姓名 Seconder's Name	电话 Tel. No.	会员证编号 Membership No.	签名 Signature		
我同时申请加入 I also apply for:					
<input type="checkbox"/> 青年团 (45 岁以下) Youth Section (Age 45 below)					
<input type="checkbox"/> 妇女组 Women Section					
<input type="checkbox"/> 乐龄组 (55 岁以上) Senior Citizen Section (Aged 55 above)					
青年团/妇女组/乐龄组 介绍人 (必须是各组的组员) Youth Section/Women Section/Senior Citizen Section Introducer (Must be a member of each group)					
1: 姓名: _____ 签名: _____ 2: 姓名: _____ 签名: _____					
我确认我是闽清籍并愿遵守贵会章程及一切议决案, 申请加入贵会为会员, 此誓。 I confirm that I am Mingchiang dialect and wish to be enrolled as a member of your Association, agreeing to abide by the Constitution and Resolutions of the Association.					
备注 Remarks:					
(1) 凡属闽清同乡, 年龄满 18 岁者, 均可申请加入本会。 Any person of Mingchiang dialect, above 18 years old shall be eligible for membership of the Association.					
(2) 申请入会者须附上一张身份证复印本、一张两寸近照。 Please enclose one photocopy of Identity Card and one copy of 2" size photograph.					
(3) 入会金十令吉 (RM10.00)。会员证制作费二令吉 (RM2.00)。 Membership Fee RM10.00. Membership Card RM2.00.					
(4) 妇女组/乐龄组入组金五令吉 (RM5.00)。 Women Section/Senior Citizen Section Membership Fee RM5.00.					
(5) 除签署外, 中文姓名需以正楷书写, 英文姓名需以大写字母书写。 Please use block letters except signature.					
				申请人 _____ 签 Signature of Applicant	年 月 日
本会专用 For Official Use					
收据号码 Receipt No.: _____ 批准日期 Date of Approval: _____ 会员证号码 Membership No.: _____					
妇女组/乐龄组收据号码 Women Section/Senior Citizen Section Receipt No.: _____					
主席 _____ 签 Signature of Chairman			秘书 _____ 签 Signature of Secretary		