



MEMBERSHIP APPLICATION FORM / BORANG KEAHLIAN

Name / Nama:

Address / Alamat:

.....

.....

(Postcode / Poskod) (State / Negeri).....

Tel: (Home/Rumah) (Office/Pejabat) (Mobile).....

E-mail / E-mel:

New IC No./ No. KP Baru: Sex / Jantina:

Occupation / Pekerjaan:

Marital Status / Kahwin/Bujang:.....

() I am a SLE Patient / *Saya adalah Pesakit SLE* () I am not a SLE Patient / *Saya Bukan Pesakit SLE*

If a patient, age when first diagnosed / *Jika pesakit, umur bila SLE dikesan*:

I wish to be a / *Saya ingin menjadi*:

() **Ordinary Member / *Ahli Biasa*** : **RM10.00 per year / *setahun***

() **Life Member / *Ahli Seumur Hidup*** : **RM100.00 in one payment / *sekali bayar***

() **Corporate Member / *Ahli Korporat*** : **RM500.00 per year / *setahun***

I, the above named, wish to be a member of Persatuan SLE Malaysia and agree to abide by its rules and regulations. Attached is my Cheque No: / Postal Order No: for RM..... being my membership fee. Thank you.

Saya, seperti tersebut di atas, ingin menjadi ahli Persatuan SLE Malaysia dan bersetuju dengan peraturannya.

Disertakan bersama ini Cek No: / Wang Pos No: Untuk sebanyak RM..... sebagai yuran keahlian saya. Sekian, terima kasih.

Signature / *Tandatangan*:

Date / *Tarikh*:

FOR OFFICE USE ONLY / UNTUK KEGUNAAN PEJABAT SAHAJA

Date received / <i>Tarikh diterima</i>	Mode of payment / <i>Cara pembayaran</i>	Amount received / <i>Amaun diterima</i>	PSLEM Receipt No. / <i>No. Resit PSLEM</i>