



**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**

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