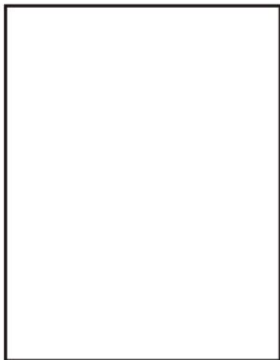


SOCIETY OF PERFORMING ARTS KOTA KINABALU, SABAH

MEMBERSHIP FORM

Come Share The Magic...



SPArKS

SOCIETY OF PERFORMING ARTS
KOTA KINABALU, SABAH

I am / We are applying for membership under the following category:

ENTRANCE FEE RM50 (COMPULSORY)

<input type="checkbox"/> ORDINARY MEMBERSHIP / FEE RM50 PER YEAR	<input type="checkbox"/> LIFE MEMBERSHIP / FEE RM300
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NAME : _____

DATE OF BIRTH : _____ AGE : _____
(DATE / MONTH / YEAR)

MARITAL : SINGLE
STATUS MARRIED

NRIC / PASSPORT : _____

NATIONALITY : _____

HOUSE ADDRESS: _____

POST CODE: _____

POSTAL ADDRESS : _____

POST CODE: _____

TELEPHONE : _____ TELEPHONE : _____ HANDPHONE : _____
(OFFICE) (HOUSE)

EMAIL : _____

HOBBIES : _____

To Apply

Please fill in the application form duly signed.

Please enclose one (1) PASSPORT SIZE photograph of you and your referrers and return the completed application enclosed with payment to :

SOCIETY OF PERFORMING ARTS KINABALU, SABAH.
985, Lorong Jering 2, Sunny Garden
88300 Kota Kinabalu, Sabah.
Telephone : (088) 222 939 Facsimile : (088) 222 985

The Society shall notify you when application is approved.
If approval is not granted, payments made will be refunded in full, without interest.

Declaration

I declare that all the particulars given are true and correct.
I agree to be personally liable for the payment of the applicable membership dues and charges incurred by me.

I agree to comply with and be bound by the by-laws and rules of the Society.

APPLICANT'S SIGNATURE
DATE

<u>FOR OFFICIAL USE ONLY</u>			
DATE RECEIVED	MEMBERSHIP CATEGORY	MODE OF PAYMENT	EXPIRY DATE
	<input type="checkbox"/> ORDINARY MEMBER / RM50 <input type="checkbox"/> LIFE MEMBER / RM300	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	
RECEIPT NO.	MEMBERSHIP NO.	CHEQUE NO.	RENEWAL DATE
ADMISSION COMMITTEE			
APPROVED	NOT APPROVED	WAIT-LIST	
_____	_____	_____	
SIGNATURE	OFFICIAL STAMP	DATE	