

MEMBERSHIP APPLICATION FORM

Full Name: _____

D.O.B: _____ I.C. No. (new) _____

Occupation: _____

Marital Status: Married Single Sex: Male Female

Home Address: _____

Postcode: _____

Phone: _____ Fax: _____

Office Address: _____

Postcode: _____

Phone: _____ Fax: _____

Email: _____

I enclose herewith:

Membership	Entrance Fee	Annual Subscription
a. Ordinary Member	RM 20 ()	RM 15 ()
b. Corporate Member	RM1000 ()	RM 500 ()
c. Life Member	RM 200 ()	

Date: _____ Signature: _____

Please send the Application Form to:

“Arthritis Foundation, Malaysia”

Peti Surat 10, Tingkat Bawah, Bangunan Sultan Salahuddin Abdul Aziz Shah,

No.16 Jalan Utara, 46200 Petaling Jaya, Selangor Darul Ehsan

Tel:03-79606177 Fax: 03-79567177

Website: www.afm.org.my