

MEMBERSHIP APPLICATION FORM

APPLICANT'S NAME	Family/ Surname: _____	Given Name: _____	Nationality: _____
Title: _____	_____		_____
SPOUSE/PARTNER NAME	Family/ Surname: _____	Given Name: _____	Nationality: _____
	_____		_____
CHILDREN'S NAME	(1) _____	<input type="checkbox"/> M <input type="checkbox"/> F	Age _____
	(2) _____	<input type="checkbox"/> M <input type="checkbox"/> F	Age _____
	(3) _____	<input type="checkbox"/> M <input type="checkbox"/> F	Age _____
	(4) _____	<input type="checkbox"/> M <input type="checkbox"/> F	Age _____
ADDRESS	_____ _____ Postal Address: (if different from the above): _____ _____		
CONTACT NUMBERS	Home: _____	Office: _____	
	Mobile: _____	Fax: _____	
	Email: _____		
APPLICANT'S PROFESSION/OCCUPATION	_____		
INTERESTS	_____		
I want to volunteer my service to CMSI <input type="checkbox"/> Yes <input type="checkbox"/> No		I want an official receipt <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Signature of Applicant:		_____ Date:	
Welcome aboard to Canterbury Malaysian Society Incorporated, Christchurch.			
FEES: for 1 year <input type="checkbox"/> \$15.00 for individual membership <input type="checkbox"/> \$25.00 for Family membership Application Form and fee to be sent to the above address and cheque to be made payable to Canterbury Malaysian Society Internet Banking: Account No: 03-0823-0387875-00 (Westpac Bank)			
<i>Official Use ONLY</i>			
Type of Membership Approved:		Ordinary <input type="checkbox"/>	Family <input type="checkbox"/>
		Associate <input type="checkbox"/>	
Membership Fee Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		Receipt Date:	Receipt No:
Accepted by:		Date of Joining:	Next due date:
Telephone: (03) 366 8686		Email: info@cmsi.org.nz	Website: www.cmsi.org.nz