

## THE YMCA OF KUALA LUMPUR

## **MEMBERSHIP APPLICATION FORM**

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS. ATTACH A PASSPORT SIZE PHOTOGRAPH & A PHOTOCOPY OF YOUR MYKAD (ID CARD) OR PASSPORT

<b>TYPES OF MEMBER</b>	SHIP					
JUNIOR RM40 [17 years & below]	ASSOCIATE RM [18 years & above]	FAMILY RI [Married Coup below 18 year	ole & Kids	IFE RM5000 RM 5,000 No Renewa	FULL RM80 [For Christians only.]	
FULL NAME [As stated in Ide	entification Card or Passport. Ur				MEMBERSHIP NO.	
OLD IDENTIFICATION CAR	D / PASSPORT	NEW IDENTIFICATIO	N CARD [MYKAD] -	-		
DATE OF BIRTH -	-	NATIONALITY		Controlled personalists inter-		
GENDER  Male Female  RACE / ETHNICITY Chinese			Married Divorced	☐ Widowed	PLEASE ATTACH YOUR PHOTO HERE	
RELIGION / BELIEF  Christian	☐ Buddhist ☐	Hindu	Muslim Others	3:		
PROFESSION / OCCUPATION			COMPANY/ORGANIZA	ATION/SCHOOL/CO	LLEGE/UNIVERSITY	
HOME ADDRESS			WORK / SCHOOL AD	INDECC		
HOWE ADDRESS			WORK / SOHOOL AD	DILOG		
	POSTCODE			P	OSTCODE	
HOME TEL			WORK / SCHOOL T	EL		
MOBILE PHONE NUMBI	ER		WORK / SCHOOL F	·AX		
PERSONAL EMAIL			WORK EMAIL	•		
HOBBIES & INTERE	STS					
☐ Afterschool Programmes ☐ Arts and Crafts ☐ Basketball ☐ Books ☐ Coaching	☐ Deaf Preschool Programmes ☐ Family Activities ☐	☐ Martial Arts ☐ Mission/ Spiritual Growth	Personal Training Self Defense Self Improvement Social Opportunities Special Events	Sports for Adu Teen Activities Tennis Traveling Volleyball		
VOLUNTEERING @						
Career Guidance Children Consultation	☐ Deaf Work	☐ Environmental ☐ Holiday Camps ☐ Religious Programmes	☐ Sports ☐ Training	☐ Women ☐ Youth	☐ Youth Camps ☐ Others	
FAMILY MEMBERS						
A copy of your Spou	nbership is open to all me se's Identification Certifica ren's Identification Certific	ites (MYKAD OR Passpo	rt)			
SPOUSI	E'S NAME	DATE OF BIRTH	ID / PASSPORT	/ MYKAD	JOB / PROFESSION	
CHILDREN'S NAME		DATE OF BIRTH	ID / PASSPORT / MYKAD		SCHOOL / INSTITUTION	
	ove particulars are true and	on of Kuala Lumpur. I ther		SIGNATURE	DATE	

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FULL (CHRISTIAN) N	MEMBERSHIP										
PLEASE ATTACH EITHER (	ONE OF THE FOLLOV	VING									
	A Copy of your Baptism Certificate from your respective Church.  A Letter with your respective Church's official rubber stamp confirming your Church membership.										
A Letter with your re	espective Church's o	official rubber stamp cor	nfirming your Ch	urch membe	ership.						
CHURCH DENOMINATION:  Anglican Catholic Orthodox Others:											
Anglican	L Catholic Lutheran		U Others:								
Assemblies of God  Baptist	ian										
Βαριίδι	Methodist										
NAME OF CHURCH											
ADDRESS											
I hereby confirm that I subscribe to the Declaration of a FULL  MEMBER, "Regarding Jesus Christ as my Lord and Saviour according to the Holy Scripture I desire to be His disciple in doctrine and life and to associate my efforts with others for the extension of His Kingdom".											
YMCA KL MEMBERSHIP RECOMMENDATION											
The YMCA KL Membership Board of Directors during				MCA KL. This	application	shall then b	e submitted	to the YMCA KL			
FUL	YMCA KL MI	EMBERSHIP	NO.	SIGNATU	RE	DATE					
1)											
2)											
	EWAL RECORDS					FOR Y	MCA KL OFF	FICE USE ONLY			
MEMBERSHIP RENE	RT NO EXPIRY	CHECKED REMARK	RENEWAL DATE	PAYMENT	RT.NO.	EXPIRY	CHECKED	FICE USE ONLY			
MEMBERSHIP RENE	EVDIDV	CHECKED REMARK	RENEWAL DATE	PAYMENT	RT.NO.						
MEMBERSHIP RENE	RT NO EXPIRY			PAYMENT	RT.NO.	EXPIRY	CHECKED				
MEMBERSHIP RENE	RT NO EXPIRY			PAYMENT	RT.NO.	EXPIRY	CHECKED				
MEMBERSHIP RENE	RT NO EXPIRY			PAYMENT	RT.NO.	EXPIRY	CHECKED				
MEMBERSHIP RENE RENEWAL PAYMENT	RT.NO. EXPIRY DATE	BY NEWANA	DATE		RT.NO.	EXPIRY	CHECKED				
MEMBERSHIP RENE RENEWAL PAYMENT	RT.NO. EXPIRY DATE	BY NEWANA	DATE	YKAD		EXPIRY DATE	CHECKED	REMARKS			
MEMBERSHIP RENE	RT.NO. EXPIRY DATE	BY NEWANA	DATE	YKAD		EXPIRY DATE	CHECKED	REMARKS			
MEMBERSHIP RENE RENEWAL PAYMENT	RT.NO. EXPIRY DATE	BY NEWANA	PASSPORT/M	YKAD	AL BY F	EXPIRY DATE	CHECKED	REMARKS			
MEMBERSHIP RENE RENEWAL PAYMENT	RT.NO. EXPIRY DATE	BY NEWANA	PASSPORT/M	YKAD  APPROV  Parent / Guar	AL BY F	EXPIRY DATE	CHECKED	REMARKS			
MEMBERSHIP RENE RENEWAL PAYMENT	RT.NO. EXPIRY DATE	BY NEWANA	PASSPORT/M  Name of	YKAD  APPROV  Parent / Guar  port No	AL BY F	EXPIRY DATE	CHECKED	REMARKS			
MEMBERSHIP RENE RENEWAL PAYMENT	RT.NO. EXPIRY DATE	BY NEWANA	PASSPORT/M  Name of  IC / Pass	YKAD  APPROV  Parent / Guar  port No  hip	AL BY F	EXPIRY DATE	CHECKED	REMARKS			
MEMBERSHIP RENE RENEWAL PAYMENT	MBER (S) IDENT	BY NEWANA	PASSPORT/M  Name of  IC / Passp  Relations  Contact N  Signature	YKAD  APPROV  Parent / Guar  port No  hip	VAL BY F	EXPIRY DATE	CHECKED	REMARKS			