



# CANSURVIVE MEMBERSHIP APPLICATION FORM

Please tick where necessary or fill in the blanks.

1. Title:  Dato'  Dr.  Mr.  Ms.  Others: .....

2. Name: .....

3. Nationality: ..... 4. NRIC/Passport: .....

5. Gender:  Male  Female 6. Introducer: .....

7. Mobile Phone No: ..... 8. Facebook: .....

9. Primary Email Address: .....

10. Alternate Email Address: .....

11. Correspondence Address: .....

.....

12. Cancer Patient:  Yes  No

13. Volunteer:  Yes  No (Willing to assist in activities)

14. Circle the membership category applied for:

	<b>Corporate</b>	<b>Ordinary</b>	<b>Associate</b>	<b>Student</b>
<b>Entrance Fee</b>	RM2,000	RM200	RM100	RM50
<b>Annual Subscription</b>	RM 500	RM200	RM100	RM50
<b>Total Fee Payable</b>	<u>RM2,500</u>	<u>RM400</u>	<u>RM200</u>	<u>RM100</u>

Payee: Cansurvive Centre Malaysia Berhad, MBB A/C No: 5143 0112 5719

Enclosed herewith is cash/cheque number ..... for RM.....

I, ....., hereby certify that the above information is true and agree to abide by the rules, regulations and ethical policies of Cansurvive Centre, should I be accorded membership.

Sign: ..... Date: .....

[Note: Cansurvive Centre Malaysia Berhad's management committee reserves the right not to approve membership applications without providing any explanation]

## For Official Use

Approved  Not Approved

VP Membership: ..... EXCO Meeting Date: .....

Cash / Cheque No:..... Collected By:.....

Receipt No: ..... Banked In By: .....