

INDIVIDUAL MEMBER APPLICATION FORM

Name:

Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	IC / Passport No.	
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Tel. No.		E-mail	
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Address

Highest Education Level

Current / Last Working Experience

Organization / Company	Position	Period

Current Status (please tick)

Language Proficiency

Employed	<input type="checkbox"/>	Self-employ	<input type="checkbox"/>	B. Malaysia	<input type="checkbox"/>	English	<input type="checkbox"/>
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Retiree	<input type="checkbox"/>	Student	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>	Tamil	<input type="checkbox"/>
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Others

Area(s) that you are interested in volunteering

Give talks to public	<input type="checkbox"/>	Legal/Accounting Work	<input type="checkbox"/>
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Fund Raising Events	<input type="checkbox"/>	Clerical/Administrative Work	<input type="checkbox"/>
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Community Outreach/Exhibitions	<input type="checkbox"/>	Writing Articles	<input type="checkbox"/>
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Provide Counselling	<input type="checkbox"/>	Other skills, please specify:	
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Signature

Date

For office use only: