PERSATUAN JURU X-RAY MALAYSIA.
THE MALAYSIAN SOCIETY OF RADIOGRAPHER.

Setiausaha Kehormat,
Persatuan Juru X – Ray Malaysia,

The Secretery,
The Malaysian Society of Radiographers,

Tuan / Sir,

Saya ingin menjadi * Ahli Seumur Hidup / Ahli Biasa / Ahli Bersekutu Persatuan ini. Jika permohonan saya di terima, saya akan mematuhi Perlembagaan dan Undang – Undang Persatuan.

I would like to be a * Life Member / Ordinary / Associate Member of the Society. If the application is approved, I agree to be bound by the Constitution and bye – laws of the Society and with close reference of Article 7, I understand that only a fully paid – up member can resign from the Society.

1. BUTIR – BUTIR PEMOHON / PARTICULARS OF APPLICANT.

NAMA PENUH / FULL NAME.

Kad Pengenalan
I. C. Number

ALAMAT SURAT MENYURAT / MAILING ADDRESS.

No. Talipon
Telephone No.

Pejabat

Rumah

Faksmili

ALAMAT PEJABAT / OFFICE ADDRESS.

T / Bimbit

Pager No.

Kod

KELULUSAN / QUALIFICATION :_____

Nama Institusi anda memperolehi kelulusan atau di mana anda menuntut sekarang. / Name and address of the Institute(s) of study in which you obtained the qualification or in which you are presently studying now.

_____

_____

2. BERSAMA – SAMA INI DI SERTAKAN : YURAN MASUK / ENTRANCE FEE = RM 10.00
YURAN TAHUNAN / SUBSCRIPTION = RM .00

JUMLAH / TOTAL _____

YURAN TAHUNAN :

AHLI SEUMUR HIDUP	RM 400.00
AHLI BIASA	RM 40.00
AHLI BERSEKUTU	RM 10.00

Saya mengaku bahawa semua keterangan yang di berikan di atas adalah benar.
I certify that all the information given above are correct.

Tandatangan Pemohon. / Signature of Applicant : _____ Tarikh / Date :_____

NAMA PENCADANG	TANDATANGAN	NO. AHLI
1)		
2)		

* Potong mana yang tidak berkenaan. / Delete whichever is not applicable.

_____

3. UNTUK KEGUNAAN RASMI.

Permohonan di terima pada : _____ No. Keahlian : _____

Tandatangan Setiausaha Kehormat : _____ Tarikh : _____

Yuran sebanyak : RM _____ (Ringgit _____)

Di terima pada _____ No. Resit :_____ Tarikh :_____

Tandatangan Bendahari Kehormat :_____ Tarikh :_____

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