



**PERSATUAN TERAPI MUZIK SHEN WU (SW) SELANGOR**

**國際SW音樂醫學科學研究協會 (雪蘭莪)**

(Reg. No: PPM-012-10-17082016)

No 2, Jalan Permaisuri 3/6 Bandar Mahkota Cheras,

Batu 9 Cheras 43200 Ulu Langat Selangor

Email : swmusicssel@gmail.com

**会员申请表格 Membership Application Form**

| 会员类别 Membership Type  |  |  |   |  |  |
|---|--|--|---|--|--|
| <input type="checkbox"/>  | RM 70 * - 会员拥有投票权 / 可以担任协会筹委职位<br><b>Member with voting right / entitled to hold any committee positions</b><br>* 入会费: RM50 年费: <b>RM 20</b> / Entrance Fee: RM 50 Annual Fee: RM 20         | 照片 / Photo   |   |  |  |
| <input type="checkbox"/>  | RM30 * - 会员不拥有投票权 / 不可以担任协会筹委职位<br><b>Member without voting right / Not entitled to hold any committee positions</b><br>* 入会费: RM10 年费: <b>RM 20</b> / Entrance Fee: RM 10 Annual Fee: RM 20 |  |   |  |  |
| <input type="checkbox"/>  | RM500 * - 永久会员 <b>Life Time Membership Fee</b>   |  |   |  |  |
| <input type="checkbox"/>  | 免费 FOC * - 荣誉会员 <b>Honorary Member</b>   |  |   |  |  |
| 个人资料 Personal Details   |  |  |   |  |  |
| 姓名<br>Name  | (中 Chinese)<br>(英 English)   | 年龄<br>Age  |   | 性别<br>Gender   |  |
| 身份证号码<br>IC No.   |  | 出生日期<br>Date Of Birth  |   | 出生地点<br>Place Of Birth                                     |  |
| 地址<br>Address   |  |  |   |  |  |
| 职业<br>Occupation  |  | 雇主<br>Employer   |   |  |  |
| 雇主地址<br>Employer's Address  |  |  |   |  |  |
| 联络电话<br>Contact No  | 住家(H):<br>手机(Mobile):  | 兴趣<br>Hobby  | 摄影 <input type="checkbox"/><br>录像 <input type="checkbox"/>  | 电脑 <input type="checkbox"/><br>聊天 <input type="checkbox"/> | 漫画 <input type="checkbox"/><br>烹饪 <input type="checkbox"/><br>音乐 <input type="checkbox"/><br>其它: |
| 电子邮箱<br>Email   |  | T-Shirt 尺码<br>T-Shirt Size   | XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> |  |  |
| 健康状况<br>Health Status   | 请详细并诚实地填写, 以让我们可以提供更佳的协助, 此资料将获得保密。<br><b>If you encounter any serious diseases, please state clearly or attach your medical report, which will be undisclosed.</b>                          |  |   |  |  |
| 本人确认上述资料属实并同意遵从会规。<br><b>I hereby confirmed the above information and agree to observe all items and conditions as established by the committee</b> |  |  |   |  |  |
| _____<br>申请者签名 Applicant' s Signature   |  | _____<br>日期 Date :   |   |  |  |
| 以下保留作内部用途 For office use only   |  |  |   |  |  |
| 推荐人姓名<br>Proposed By : _____<br><br>推荐人签名<br>Signature : _____  | 附议者姓名<br>Secondary By : _____<br><br>附议者签名<br>Signature : _____  |  |   |  |  |
| 理事会批准日期:<br>Membership Application Approved By The Committee On : _____   |  | 收据编号 Receipt No. : _____<br>_____<br>会员证编号 Membership No. : _____<br>_____ |   |  |  |
| _____<br>秘书签名 Secretary' s Signature  |  | _____<br>会长签名 President' s Signature                                       |   | _____<br>日期 Date :   |  |

注意事项: 申请者需经委员会批准后, 方可生效。