

SIGNATURE.

## PERSATUAN MENCEGAH KEZALIMAN TERHADAP HAIWAN, SANDAKAN. SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, SANDAKAN. 沙巴州山打根防止虐待动物协会.

MR.MC CHEW: 0168319886(TREASURER). MS.VOO MIN GIN: 0168051021(SECRETARY). MS.LILIAN P.: 0168142623 (VICE SECRETARY). fb : SPCA Sandakan. APPLICANTS PARTICULARS: DATE: . NAME: . GENDER: MALE / FEMALE. NRIC/ PASSPORT NO: . NATIONALITY: . HOME ADDRESS: \_\_\_\_\_\_\_. EMAIL ADDRESS: \_\_\_\_\_\_. OCCUPATION: . COMPANY: CONTACT NO: (H) (O) NUMBERS OF FAMILY PETS AT HOME: (CATS) (DOGS) (OTHERS) A) I WOULD LIKE TO SUPPORT SPCA SANDAKAN BY BECOMING A MEMBER:  $\square$  1) ONE TIME PROCESSING FEE - RM10.00. ☐ 2) ORDINARY MEMBER - RM50.00 A YEAR. □ 3) LIFETIME MEMBERSHIP - RM500.00. 4) JUNIOR MEMBERSHIP (BELOW 17 YEAR OF AGE ) - RM10.00 A YEAR. □ 5) CORPORATE MEMBERSHIP RM1,500.00 A YEAR. B) I WOULD LIKE TO SUPPORT SPCA'S ANIMAL WELFARE WORK BY: 1) MONTHLY DONATION RM 2) ONE TIME DONATION RM 3) ADVERTISEMENT SUBSCRIPTION RM I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT: FOR OFFICE USE ONLY: 1) APPROVED BY \_\_\_\_\_\_. 2) RECEIPT NO: .

3) MEMBERSHIP NO: .

4) REMARKS: .

BOX: 5



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|---|----------------------|-----------------------------------|---------|----------|--|
| APPLICANTS PARTICULARS:   |                      |                                   | DATE:   |          |  |
| NAME:   |                      | GENDER: MALE / FEMALE.            |         |          |  |
| NRIC/ PASSPORT NO:  |                      | NATIONALITY:                      |         |          |  |
| HOME ADDRESS:   |                      |                                   |         | ·        |  |
| EMAILADDRESS:   |                      |                                   |         |          |  |
| OCCUPATION:   | COMPANY:             |                                   |         |          |  |
| CONTACT NO:(H   | )                    | (O)_                              |         | (H/P).   |  |
| NUMBERS OF FAMILY PETS AT H   | OME:(                | CATS)                             | _(DOGS) | (OTHERS) |  |
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| I CERTIFY THAT THE ABOVE IS   | S TRUE AND           | CORRE                             | CT:     |          |  |
| Q   | FOR OFFICE USE ONLY: |                                   |         |          |  |
| ^   | 1) APPROVED BY       |                                   |         |          |  |
|   |                      | 2) RECEIPT NO:  3) MEMBERSHIP NO: |         |          |  |
| SIGNATURE.  | 0, 1.121             |                                   |         | ·        |  |

4) REMARKS:

BOX: 5