



FOOD FOR THE HUNGRY INTERNATIONAL, SABAH, MALAYSIA

(0977-05-14)

Registered Office: C/o Horwath TH Liew Tong, Damai Plaza 3, 3rd Floor, C11, South Wing
Jalan Damai, P O Box 11003, 88811 Kota Kinabalu, Sabah, Malaysia.

Admin. Office : Lot B.18.2, Block B, 2nd Floor, Plaza Utama, Off Plaza Grand Millennium
Jalan Pintas Penampang Bypass, 88300 Kota Kinabalu, Sabah, Malaysia.

Tel: (088) 732 335(O), 732 335 (Fax) Email Address: fhimalaysia@gmail.com
Website Address: www.sabah.org.my/fhisabah/

APPLICATION FOR ASSOCIATE MEMBERSHIP

Associate Members

- (1) The Board of Directors may in its sole discretion admit any person of 18 years of age and above and residing in Malaysia to be an Associate Member.
- (2) An Associate Member shall not be required to pay any entrance fee nor subscription fee.
- (3) An Associate Member shall have the same rights and privileges as an Ordinary Member except the right to vote and the right to hold any office in the Society.

I. Application

I wish to apply to be an ASSOCIATE MEMBER of the Society.

II. Particulars of Applicant

1. Name of Applicant: (English)
(In capitals)
2. Name in Chinese Characters (if any).....
3. I/C No. (new) Date of Birth
(To enclose photocopy)
4. Citizenship Religion
5. Occupation
6. Marital Status: Married/Single/Widowed Gender: Male / Female
7. Residential Address:
.....
8. Postal Address:
.....
9. Telephone:(o)(h)(h/p)
10. Email Address:

III. Applicant's Declaration

I hereby declare that the information given above is true to my best of my knowledge and belief, that I fully subscribe to the objectives of the Society and that upon admission as a Member of the Society I agree:-

- (a) to abide by the Constitution, the rules and resolutions of the Society;

(b) to assist in running the Society; and

Signature: Date:

IV. Membership Recommendation

1. Proposed by (Name) (Signature)

2. Seconded by (Name) (Signature)

For Official Use

Date:

Application for Associate Membership is hereby:

Approved. Membership No. is Rejected. Meeting held on

Signature:
(Name in full:)
President

Receipt No. _____

.....
(Name in full:)
Hon. Secretary