



# KELAB OLAHRAGA PANTHER

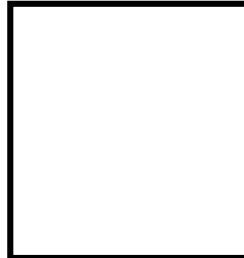
(Panther Athletic Club)  
NO. 12, JALAN GROVE, IPOH GROVE, 30010 IPOH.

President - Mr.K.Jayabalan  
(012-5170221)

Secretary - Ms K.Shantiny  
(016-4754206)

Treasurer - Ms K.Punithavathy  
(012-5071829)

## MEMBERSHIP APPLICATION FORM




MEMBERSHIP NUMBER

### (A) APPLICANT'S DETAILS

NAME:..... I.C. NO: .....

POSTAL ADDRESS:.....

.....

\*TEL NO: (MOBILE)..... (HSE).....

\*EMAIL ADDRESS:.....

DATE OF BIRTH :..... PLACE :..... SEX : MALE / FEMALE\*

MARITAL STATUS :..... OCCUPATION :.....

SCHOOLING : YES / NO IF YES, NAME OF SCHOOL :.....

STANDARD / FORM :..... HOBBY :.....

ARE / WERE YOU AN ATHLETE: YES / NO IF YES, WHAT EVENT:.....

REASON FOR WANTING TO JOIN THIS CLUB	A. TO IMPROVE SPORTS PERFORMANCE	B. KEEPING FIT TO STAY ACTIVE	C. TO GET AQUAINTED WITH PEOPLE IN SPORTS CIRCLE	D. KEEN TO CONTRIBUTE IN ANY FORM OF SERVICE TO PROMOTE CLUB

### WISH TO APPLY AS\*:

NO	TYPE OF MEMBER	TICK*	REGISTRATION FEES	YEARLY FEES	MONTHLY TRAINING FEES	TOTAL TO BE PAID WITH FORM
A	<b>ORDINARY MEMBER</b>		RM 10.00	RM 25.00	RM30.00	RM 125.00
B	<b>YOUTH MEMBER (21 YEARS &amp; BELOW)</b>		RM 5.00	RM 10.00	RM30.00	RM 105.00
C	<b>LIFE MEMBER</b>		RM 500.00 (UPON APPROVAL BY COMMITTEE ONLY)			

*NEW MEMBERS NEED TO PAY 3 MONTHS FEES IN ADVANCE*

(B) PARENT'S / GUARDIAN'S CONSENT (INDIVIDUALS) 18 YEARS OLD AND BELOW

I ..... I.C number .....

(parent/guardian)\* to ..... I.C number .....

**AGREE / DO NOT AGREE\*** for him/her to become a member of this club.

Date:.....

Signature: -----

(C) DECLARATION BY APPLICANT

*I hereby declare that, the above information about me is true. I also certify that, I am applying to join this Club on my OWN accord and I will abide by the Club's Constitution. I also attach herewith RM..... being payment for application, and a \*copy of my identification card.*

Payment attached:	Entrance fees	RM 10.00 / 5.00*
	Ordinary member	RM 25.00 (Per year)
	Youth member	RM 10.00 (Per year)
	Training fees	RM 90.00 (Monthly RM30.00)
	Life	RM 500.00 (ONLY ACCEPTABLE UPON APPROVAL)
	TOTAL	RM =====

(  
Applicant signature

\*Date of application:.....

(\*) COMPULSORY TO PROVIDE INFO & DELETE THAT IS NOT APPLICABLE

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This application is:-

a) Proposed by:.....  
(Member's name) (Member's signature)

b) Seconded by:.....  
(Member's name) (Member's signature)

Application was tabled at the Committee meeting dated:..... and was decided to  
**APPROVE / REJCT / KIV\***

.....  
(Hon. Secretary)

Payment of RM..... accepted and issued receipt No:..... on .....

.....  
(Treasurer)

.....  
(President)

**IT IS COMPULSORY FOR APPLICANTS AGED 18 AND BELOW, TO OBTAIN CONSENT FROM PARENT'S / GUARDIAN'S. PLEASE ENSURE ITEM (B) IS DULY FILLED AND SIGNED BEFORE SUBMITTING.**