



MEMBERSHIP APPLICATION FORM

PERSONAL PARTICULARS			
Start Year In V.I	Form	Last Year in V.I	Form
Full Name			
Title (if any)			
I/C Number			
Home or Correspondence Address			
Post Code	City / State		
Mobile No.	Office No.		
E-mail			

MEMBERSHIP SUBSCRIPTION							
Membership Type	<input type="checkbox"/> Life Membership <input type="checkbox"/> Honorary Membership <input type="checkbox"/> Student Membership <input type="checkbox"/> Staff Membership						
Total Payment Made	RM <input type="text"/> . <input type="text"/>						
Payment Method	<input type="checkbox"/> Cheque <input type="checkbox"/> Online Payment						
Made Payable To	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Victoria Institution Old Boy's Association</td> <td style="width:50%;">Hong Leong Bank</td> </tr> <tr> <td>Cheque No.</td> <td>Account Name</td> </tr> <tr> <td>Bank Name</td> <td>Account No.</td> </tr> </table>	Victoria Institution Old Boy's Association	Hong Leong Bank	Cheque No.	Account Name	Bank Name	Account No.
Victoria Institution Old Boy's Association	Hong Leong Bank						
Cheque No.	Account Name						
Bank Name	Account No.						
<p><i>Note : 1. The Membership Application will be processed according to the Constitution of Victoria Institution Old Boy's Association (Clause 4)</i></p> <p><i>2. All applications shall be addressed to the Honorary Secretary and must be duly proposed and seconded by a Life Member</i></p>							

MEMBERSHIP DECLARATION	PROPOSED AND SECONDED BY								
<p>I hereby declare and confirm that all information given by me is true and will abide by the Constitution of VIOBA as a member</p> <p>_____</p> <p style="text-align: center;">Applicant's Signature</p> <p>Date : <input style="width: 150px;" type="text"/></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Member Full Name</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>I/C Number</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Mobile No.</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>E-mail</td> <td><input style="width: 90%;" type="text"/></td> </tr> </table> <p>_____</p> <p style="text-align: center;">Member's Signature</p> <p>Date : <input style="width: 150px;" type="text"/></p>	Member Full Name	<input style="width: 90%;" type="text"/>	I/C Number	<input style="width: 90%;" type="text"/>	Mobile No.	<input style="width: 90%;" type="text"/>	E-mail	<input style="width: 90%;" type="text"/>
Member Full Name	<input style="width: 90%;" type="text"/>								
I/C Number	<input style="width: 90%;" type="text"/>								
Mobile No.	<input style="width: 90%;" type="text"/>								
E-mail	<input style="width: 90%;" type="text"/>								

MEMBERSHIP APPROVAL	
Date Application Received	Date of Management Committee Meeting
Membership Approval Status	Membership No.
Remarks (if any)	