

### THE OLD FREES' ASSOCIATION

No. 41, Jalan Sultan Ahmad Shah, 10050 Penang, Malaysia.

Tel: 604-2269 290 Fax: 604-2277 952 Email: admin@ofa.my; members@ofa.my

Website: http://www.ofa.my

#### PATRONS

Tuanku Syed Sirajuddin ibni Almarhum Tuanku Syed Putra Jamalullait His Royal Highness The Raja of Perlis

Tun Dato' Seri Utama (Dr) Haji Abdul Rahman bin Haji Abbas His Excellency The Head of State of Penang

### TRUSTEES

Dato' Syed Mohd, Aidid Syed Murtaza

Dato Sen Teh Choon Beng

Datuk Andrew Lim Tatt Keong

Dato Dr. P. P. Shah

CIRCULAR REF.: 023 / 2020

7 August 2020

# OF THE OLD FREES' ASSOCIATION

Dear Members,

As part of improving and future-proofing the Club's processes, we are pleased to inform you that we have made new and upgraded Membership cards with microchips for all Members.

This will allow us to store your Membership details within the Membership card itself, and will be used for future OFA technologies, facilities, applications and events.

This upgrade is FREE of charge.

To change your membership card, please fill up the attached Membership Card Application Form and submit it together with a recent photograph to the OFA Office. Processing will be on a first-come-first-served basis.

We look forward to seeing you at our Club.

Thank you.

For Management Committee
The Old Frees' Association
7 August 2020

**ENRIQUE TAN KIM HOCK** 

MEMBERSHIP CHAIRMAN

**ANDREW LIM CHONG HUAT** 

HONORARY SECRETARY



Website: http://:www.ofa.my

### MEMBERSHIP CARD APPLICATION FORM

## To The Hon. Secretary The Old Frees' Association 41, Jalan Sultan Ahmad Shah 10050 Penang Date: \_\_\_\_\_ Please tick on the appropriate box :a) Life Member b) Ordinary Member d) Spouse Member c) Donor Member e) Junior Member -Please fill in the following particulars for updating our records in the system: Name of Applicant : Please fill in your name to be printed on the membership card. If there is a title eg. Tun, Dato', Dr. etc. please also include in - max. 36 characters including spaces Membership No.: \_\_\_\_\_ Marital Status: Occupation: New IC Number: Date of Birth: Office Name and Address: Tel. Number: \_\_\_\_\_ Email: \_\_\_\_\_ Home Address:\_\_\_\_\_ Tel. Number: \_\_\_\_\_ Email: \_\_\_\_ Members' Car No. Plates: Please fill in your spouse's details, if a spouse card is needed: Name of Applicant:

Kindly include 2 pcs. of your recent driving licence size photo and return this form to the Office.

Tel. No.:

New IC Number: