

OLD FREES ASSOCIATION, KUALA LUMPUR & SELANGOR MEMBERSHIP APPLICATION FORM

Dear Secretary,

I wish to join/reactivate my membership of Life Member/Associate (please tick as a			
LIFE MEMBERSHIP (ONE TIME PAYMENT) (for any member) ASSOCIATE MEMBER (ANNUAL SUBSCRIPTION) (only for former & present teachers of PFS)		RM 200.00	
		RM 50.00	
(Cheque to be crossed and made out to O	ld Frees Association, Kuala Lumpur	& Selangor)	
My personal particulars are:			
FULL NAME (Please Print)		IC No:	
TITLE (S)	LAST YEAR IN SCHOOL (Fo	rm 5)	
HOUSE (please tick): CHEESEMAN	; HAMILTON	; HARGREAVES;	
PINHORN	; TUNKU PUTRA	; WU LIEN TEH;	
BUSINESS/PROFESSIONAL DESIGNA	ATION:		
PLACE OF WORK:			
CORRESPONDENCE ADDRESS:			
		.Post Code:	
PREFERRED CONTACT TEL. NO: (O	FFICE/HOME/HP)		
E-MAIL:			
(Signature of Applicant)	Date:		
RECOMMENDED BY:			
OFFICE USE			
	v cash/ Cheque No	Date Approved	
	-		
Secretary:	_		
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OLD FREES ASSOCIATION KUALA LUMPUR & SELANGOR. - B2-17 Bougainvillea Block, 10 Boulevard, Kayu Ara Damansara Jaya, 47400 Petaling Jaya. Email: ofakulselangor@gmail.com