

APPLICATION FORM

INDIVIDUAL MEMBERSHIP

SOCIETY FOR HEALTH AND
LIFESTYLE ENHANCEMENT

TYPE OF INVOLVEMENT	
MEDICAL	NON-MEDICAL

TYPE OF MEMBERSHIP	
ORDINARY	LIFE

PERSONAL INFORMATION							
NAME				NRIC/PASSPORT NO.			
DATE OF BIRTH (dd/mm/yyyy)		GENDER	MALE	FEMALE	NATIONALITY		
MARITAL STATUS		BLOOD GROUP			PLACE OF BIRTH		
RESIDENTIAL ADDRESS							
POSTCODE		CITY		STATE		COUNTRY	
ORGANISATION				INDUSTRY			
DESIGNATION				OFFICE TEL NO.			
OFFICE ADDRESS							
POSTCODE		CITY		STATE		COUNTRY	
MOBILE NO.			EMAIL ADDRESS				

APPLICANT DECLARATION		
I hereby declare that the information given above, in the best of my knowledge, is true and accurate. I agree to abide by all rules and regulations set by Society for Health and Lifestyle Enhancement (SHLE) and I further acknowledge that (SHLE) has the right to reject or suspend my application should there be any false information provided in this application form or found to be incorrect.		
APPLICANT'S SIGNATURE	FOR OFFICE USE ONLY	
	Date Received (DD/MM/YYYY)	
	Amount Received	
	Membership Period from to	
	President's Signature	Membership Status APPROVED / DECLINED
	Membership Number	
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)	

MEMBERSHIP FEES (MYR)			
<u>Ordinary Membership Fee</u>		<u>Life Membership Fee</u>	
		(No Annual Subscription)	
Annual Fee	RM 50.00	One-Time Fee	RM 500.00
Total Fee	RM 50.00	Total Fee	RM 500.00
*Your application will be forwarded to the Executive Committee for consideration			

Please send your completed application form to : shleglobalngo@gmail.com

Society for Health and Lifestyle Enhancement (Persatuan Peningkatan Kesihatan Dan Cara Hidup) Reg.No. PPM-009-10-25102021

No.4, 20/10KS (1st floor) Jalan Ikan Jenahak Kg Nelayan, Telok Gong 42000 Port Klang Selangor, Malaysia