



**BREAST CANCER WELFARE ASSOCIATION**  
**5<sup>th</sup> FLOOR, BANGUNAN SULTAN SALAHUDDIN ABDUL AZIZ SHAH**  
**16 JALAN UTARA, 46200 PETALING JAYA, SELANGOR**  
**TEL: 03-79540133    FAX: 03-79540122    EMAIL: info@breastcancer.org.my**

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APPLICATION FORM FOR MEMBERSHIP

NAME \_\_\_\_\_  
(FULL NAME, BLOCK LETTERS)

I.C. NUMBER \_\_\_\_\_ NATIONALITY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ MALE / FEMALE

PROFESSION / OCCUPATION \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME TEL NO: \_\_\_\_\_ OFFICE TEL NO \_\_\_\_\_

MOBILE PHONE NO \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ARE YOU A ( ) BREAST CANCER SURVIVOR – date of diagnosis \_\_\_\_\_

( ) FAMILY MEMBER \_\_\_\_\_

(state relationship and name of survivor)

( ) INTERESTED INDIVIDUAL

**SUBSCRIPTION**

( ) Entrance Fee: RM10.00

( ) Annual subscription Ordinary / Associate member: RM20.00

( ) Life Member: RM200.00

Payment by cash or cheque to **Breast Cancer Welfare Association.**

**I declare that I will abide by the rules of the Association.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposed by

\_\_\_\_\_  
Seconded by

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For official use only

\_\_\_\_\_  
APPROVED / NOT APPROVED

Executive Committee

Date

( ) Ordinary

( ) Life

( ) Associate

( ) Honorary