

Date Received:

Received by:

FULL NAME: _____

NRIC NO/ PASSPORT NO: _____ DATE OF BIRTH: _____

NATIONALITY: _____ GENDER: _____

CORRESPONDENCE ADDRESS: _____

MOBILE NUMBER: _____ EMAIL: _____

OCCUPATION: _____

NAME OF EMPLOYER: _____

EXPERIENCE IN YOGA: _____

OTHER EXPERTISE: _____

Associate Membership Fee: **RM50**
Registration Fee: **RM1**
Bank in to:
Malaysian Yoga Society
5142 5341 1300
Maybank
Please WhatsApp paid payment receipt
to 012-267 9621 or 012 6786580

DECLARATION :

I confirm that all information given is true and correct. In accepting the membership, I agree to abide by the Constitution of the Society. I accept the membership into the Society and the standards are limited to persons of good moral character and reputation. I recognise the importance of rendering personal service to my community in cooperation with civic-mindedness. I understand that membership is not valid until the approval by the Society.

SIGNATURE OF APPLICANT: _____

PARENT'S SIGNATURE: _____

(If below 18 years old)

DATE: _____

PARENT'S IC NO: _____

Personal Data Protection Act 2010

By submitting this form, you consent to us processing and using your personal data in the manner as permitted by law and as stated in our Privacy Policy.

NOMINATION BY TWO MEMBERS

NAME: _____ NAME: _____

POSITION: _____ POSITION: _____

SIGNATURE: _____ SIGNATURE: _____

FOR OFFICE USE

APPROVED : REJECTED :

ASSOCIATE MEMBERSHIP NUMBER: _____

ASSOCIATE MEMBERSHIP FEE: _____

DATE ACCEPTED: _____

COMMITTEE MEETING DATE: _____

MEMBERSHIP EXPIRY DATE: _____