



# ASSOCIATION OF EX-STUDENTS OF LA SALLE & SACRED HEART

P. O. Box 13394, 88838 Kota Kinabalu, Sabah, MALAYSIA

Tel: (088) 224 428 Fax: (088) 224 428

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## LIFE MEMBERSHIP FORM

AFFIX  
PASSPORT SIZE  
PHOTO  
HERE

**Please complete form in BLOCK LETTERS and return to:**

The Membership Secretary  
Association of Ex-Students of La Salle & Sacred Heart  
P. O. Box 13394,  
88838 Kota Kinabalu, Sabah,  
MALAYSIA

**Enrolment Fee: RM200**

Full Name as in IC/Passport: **MR/MRS/MS/MDM/Others** (Please specify)

Sex:  Nationality:

NRIC No.:  Date of Birth:

Marital Status:  Occupation:

Home Address:

Postcode:  City/State/Country:

Office Address:

Postcode:  City/State/Country:

Telephone:

E-Mail Address:

Ex-Student of:  Year: From:  To:

I wish to be enrolled as a Life Member. Enclosed, please find my subscription fee of **RM200** as prescribed in the Constitution of the Association, paid by \* **Cash / Cheque / Money Order**. (Please make cheque payable to 'Association of Ex-Students of La Salle and Sacred Heart')

**\*Delete where not applicable**

**Applicant's Signature**

Date:

### FOR OFFICE USE ONLY

Date Received:	Fees Received By:
Received By:	Payment Method: CASH / CHEQUE / MONEY ORDER
Date Processed:	Cheque No.:
Processed By:	Official Receipt No.:
<b>MEMBERSHIP CARD</b>	
Membership Card No.:	Date of Issue: