**KELAB RAKAN-RAKAN HERBA, KOTA KINABALU SABAH**

**( FRIENDS OF HERBS CLUB, KOTA KINABALU SABAH ) - 0979 – 12 – SBH**

**MEMBERSHIP FORM Membership No**

**Name**

**NRIC / Passport No** **-**  **-**  **Gender M F**

**Date of Birth**  **-** **- Place of Birth**

**Nationality** **Race** :

**Occupation**  **Email Add**

**Address**

**Contact No HP Residence**

 **Any Herbal Background : Y N ( If yes, briefly describe your interest & knowledge )**

 **Membership Proposal - Nominated and recommended by two ( 2 ) undersigned members of FHC**

 **Member Proposed by Seconded by**

 ……………………………………

**Date of Application : ………………………………….. Signature of Applicant**

 ***FOR OFFICIAL USE ONLY***

 Membership Approved / Not Approved

 Membership No

 Registration Fees Rm 30.00 Per Person Approved by : ………………………………

 Type of Membership Monthly / Yearly / Life President / Committee

 Membership Fees Rm 3 / Rm 36 / Rm 360

 Fees Paid Rm Fees Collected by : ………………………..