

# KELAB ROADRUNNERS IPOH

9A, Jalan Che Tak, 30350 Ipoh, Perak.

Tel: 05-2423299/2411973 / Fax: 05-2537013

Website: [www.ipohroadrunners.org](http://www.ipohroadrunners.org) E-mail: email@ipohroadrunners.org

## MEMBERSHIP APPLICATION FORM

Please attach a  
copy of  
photostate IC.

Name: \_\_\_\_\_

New IC: \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone : Hand Set: \_\_\_\_\_

House : \_\_\_\_\_ Office: \_\_\_\_\_

Gender : Male( ) / Female( ) Marital Status: Single( ) / Married( )

Vest Size : Small( ) Medium( ) Large( ) X.Large( ) XX.Large( )

Religion : \_\_\_\_\_ Blood Group: \_\_\_\_\_

Occupation : \_\_\_\_\_ Co. Name: \_\_\_\_\_

### Type of Membership (Life or Per Two Years Subscription):

Junior: RM30/Per 2 Years( ) Ordinary: RM60/Per 2 Years( ) Life: RM380( )

### Waiver/Indemnity

1. I, the abovementioned, hereby submit my application for membership with **KELAB ROADRUNNERS IPOH** and agree to abide by its rules and regulations. I certify that the particulars given are true and correct.
2. In consideration of KELAB ROADRUNNERS IPOH accepting my application, I upon entry, hereby, for myself, my heirs, executors and administrators, waive and release all rights or claims to damages I may have against KELAB ROADRUNNERS IPOH, their representatives, successors and sponsors for injuries, invalidity and death that may arise from my participation in the KELAB ROADRUNNERS IPOH's activities.
3. I, hereby indemnify KELAB ROADRUNNERS IPOH and waive all claims or damages that may arise in consequence of the above.

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

\_\_\_\_\_  
Application Date

## FOR OFFICE USE ONLY

Name of Sponsor: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Seconder: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Application: Approved ( ) or Rejected ( ) President/Secretary Signature: \_\_\_\_\_

Subscription: RM \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Receipt No.: \_\_\_\_\_