



Classical **MUSIC** Society

Sel / KL Malaysia

Membership Registration Form

REGISTRATION FEE: **RM20**
ANNUAL FEE: **RM12**

Membership No:

Name: _____ I.C./Birth Cert No: _____

Address: _____

Contact no. (home): _____ Mobile: _____ E-mail: _____

Gender: _____ Date of Birth (DD/MM/YY): _____ Race: _____

Instrument(s)¹: _____ Profession: _____

School Name (Primary/Secondary/College)²: _____

I, the undersigned, hereby agree and abide by the rules & regulations, as well as terms & conditions of the Classical Music Society.

Signature: _____ Parent/Guardian Signature³: _____ Date: _____

Proposer: _____ Seconder: _____

1. Any instrument that you have learnt or are learning. You may write more than one.

2. For students only.

3. Parent or guardian signature is required if the applicant is below 18.

For Office Use Only

1 TIME REGISTRATION FEE: RM _____ Cash Approval Date: _____

ANNUAL FEE: RM _____ Bank Transfer Paid to treasurer on: _____

RM12 X _____ YEARS (Optional): RM _____ Cheque No. _____

TOTAL AMOUNT RECEIVED: RM _____ Please tick one.