

# 诗巫卫理神学院校友会

*Methodist Theological School Alumni Association*  
*Methodist Theological School,*

## Membership Application

### (A) Applicant's Information

Name : \_\_\_\_\_ (E) \_\_\_\_\_ (C)

Sex : Male  Female  Email Address: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY) I.C. No.: \_\_\_\_\_

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

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

Contact Number : \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)

Current Church : \_\_\_\_\_ Graduated in year \_\_\_\_\_

#### Program (Please tick where appropriate):

Theology Program : L.Th.  Dip.  B.Th.  B.D.  M.Div.  M.Min.

Theology Program (Missiology) : L.Th.  Dip.  B.Th.  B.D.  M.Div.

Worship & Music Program : Certificate  Diploma  B.A.

TEE Program : C.C.S.  D.C.S.  M.C.S.

Worship & Music Program by Extension : Certificate

### (B) Applicant's Oath

By the grace of the Lord, I hereby apply to be Full-Member/Associate Member of the Alumni Association of Methodist Theological School Sibuluan. I'm willing to obey to the Constitution, Rules and Regulations, including making the payment of member fee. I promise to give full support to the objectives of Association and be united with each others in order to make our objectives realizable.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### (C) Decision by Executive Committee

Decision: ( ) Accepted ( ) Declined Date of Decision: \_\_\_\_\_

Secretary's Signature: \_\_\_\_\_ Chairperson's Signature: \_\_\_\_\_

### (D) Payment of Member Fee

Status: ( ) paid ( ) unpaid Receiving Date: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_