

# KMS Membership Registration Form

Please use **BLOCK** letters

*Mr/Ms/Mrs/Dr/Family (please circle)*

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ Spouse \_\_\_\_\_

Names of Children (under 18): \_\_\_\_\_

P.O. Box \_\_\_\_\_ Code: \_\_\_\_\_

Tel: Home \_\_\_\_\_ Office: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

NEW MEMBER/RENEWING MEMBER (please circle)

Please send *Tracker* by EMAIL/POST (please circle)

(Below for Office Use Only)

<i>Family Name:</i> _____
<i>Receipt No:</i> _____ <i>Date</i> _____
<i>Type of Membership:</i> _____ <i>Nos:</i> _____
<i>Amt. Paid</i> _____ <i>Cash/Cheque</i> _____
<i>Cheque No:</i> _____ <i>Bank:</i> _____
<i>Posted/Collected Date</i> _____ <i>Added to Database by</i> _____

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