



The Society For The International School of Kuala Lumpur

Jalan Kolam Air, 68000 Ampang, Selangor Darul Ehsan
Mailing Address: P.O. Box 12645, 50784 Kuala Lumpur, Malaysia
Telephone: (603) 4259-5600/Fax: (603) 4257-9044/E-mail: iskl@iskl.edu.my

Membership Application Form

1. **Applicant:**

Name: _____
Family Name *First Name* *Middle Name*

Passport No./Social Sec. No: _____ Date of Birth: _____
MM / DD / YY

Citizenship: _____ Occupation: _____

* Please submit a copy of passport information page with this form

2. **Spouse:**

Name: _____
Family Name *First Name* *Middle Name*

Passport No./Social Sec. No: _____ Date of Birth: _____
MM / DD / YY

Citizenship: _____ Occupation: _____

* Please submit a copy of passport information page with this form

3. **Children's Name**

Gender
(M/F)

Date of Birth
(MM / DD / YY)

Grade

<u>Children's Name</u>	<u>Gender</u> (M/F)	<u>Date of Birth</u> (MM / DD / YY)	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. **Residential Address:** _____

Home Phone: _____ Hand Phone: _____ Home Fax: _____

5. **Company Name:** _____

Address: _____

Work Phone: _____ Work Fax: _____

Direct Line: _____ E-mail: _____

6. **Mailing Address:** Residential Office

Signature of Applicant

Date

For Office Use Only

Received Check No: _____

RM _____ Receipt No: _____

Result of application: Accepted Rejected

Membership No: _____

Date of approval: _____

Recorded by: _____