

**MEMBERSHIP APPLICATION FORM**
**IMPORTANT:**

1. Read the following instruction carefully before filling in the membership application. All requested information must be furnished. The information you give will be used to determine your application for membership, it is important that you answer all questions accurately and completely. Please Tick the appropriate column where necessary
2. Every application for membership shall made on prescribed forms and shall be forwarded to the Executive Committee for approval.

Photograph

<b>Membership Category Applied</b>	<input type="checkbox"/> Ordinary Member	<b>Proposer:</b>	
	<input type="checkbox"/> Honorary Member	<b>Seconder:</b>	
	<input type="checkbox"/> Advisor or Patron		

**PERSONAL DATA**

<b>Full Name (as per NRIC):</b>		<b>Age:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
		<b>Date of Birth:</b>	
<b>Other Given Name:</b>		<b>Place of Birth:</b>	
<b>Present Address:</b>		<b>NRIC No. /Passport:</b>	
		<b>Nationality:</b>	
		<b>Race:</b>	
		<b>Religion:</b>	
<b>Name of Employer:</b>		<b>Home (Tel.):</b>	
		<b>Office (Tel.):</b>	
<b>Address of Employer:</b>		<b>Email:</b>	
		<b>Mobile:</b>	
<b>Occupation:</b>		<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	
<b>Spouse's Name:</b>			
<b>Church affiliation &amp; Address:</b>		<b>Denomination:</b>	
		<b>Baptism in Water:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Year accepted Christ:</b>	
<b>Leadership Position in Church/Christian Organization:</b>			
<i>Write a Short Testimony of your conversion:</i>			



TEE ( SEAN, UK ) courses attended: (Specify the courses)	Venue/Centre:	Date Attended & Complete		Facilitator Experience:
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Remarks</b> (Please submit a copy of the certificate of completion of TEE course):				

Languages Level for Facilitators	Understanding			Speaking			Reading			Writing		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
English <i>Bahasa English</i>												
Malay Language <i>Bahasa Malaysia</i>												
Chinese Language <i>Bahasa Cina</i>												
Tamil Language <i>Bahasa Tamil</i>												
Other Languages <i>Lain-Lain</i>												

EDUCATION / TRAINING / QUALIFICATION / SKILLS (Academic & Bible School & Theology)		
Year	Institution/College/ University	Please specify the highest-level qualification obtained
<b>Other Special Skills</b> (Please specify if any):		

I hereby declare the following:

- (a) The statements and information made by me in this application are True, Complete and Correct.
- (b) Upon approval of my membership, I shall agree to abide to the Code of Ethics, full adherence to the Rules, Bye Laws & constitution of the TEE Malaysia Association.

Name:		Signature of Applicant:
Date:		

FOR OFFICE USE ONLY:	
Date Received:	Date Submitted to Executive Committee for Approval & Remarks:
Checked & Remarks by Hon Secretary:	Membership approved: <input type="checkbox"/> Yes <input type="checkbox"/> No