



Alumni Convent Light Street

The Secretary, ACLS,
Penang.

Membership No: _____ / _____

Receipt No: _____

Dear Madam,

I am interested in being a member of the ACLS. Please register my name. Enclosed herewith *Cash / *Cheque (No. _____) for *RM 12.00 (Annual) / *RM100.00 (Life) being my membership fees.

ALUMNI REGISTER

Name Year Of Graduation

I.C. No. Date Of Birth / /

Address (Home)

..... Post Code

Tel: Fax: E-Mail

Occupation Hand-Phone

Address (Office)

..... Post Code

Tel: Fax: E-Mail

* Remarks / Suggestions / Ideas

Applicant's Signature: Date Of Application :

Please send to ACLS, Convent Light Street, 36 Light Street, 10200 Penang.
Email: alumniconventlightstreet@gmail.com

* Delete where not applicable.

FOR OFFICIAL USE

Proposed By: Membership No: Signature:

Seconded By: Membership No: Signature:

Approved By : Signature :

Position : Date :