Universiti Tunku Abdul Rahman			
Form Title : **REGISTER OF MEMBERSHIP (ASSOCIATE MEMBERS)**			
Form Number : FM-DSA-CSU-009	Rev No: 1	Effective Date: 01/05/2011	Page No: 1 **of** 1

Name of Student Society/Club: …… Code …… Tenure: From _____/_____/_____ to _____/_____/_____

Membership fee: RM 5 per year

No.	Name	Sex	I.C. No.	Student ID.	Program/ Course	Year/ sem	Email Address	Contact No.	Amount & Date paid	Signature by member
								Total		

Submitted by,

_____ _____ _____

Chairman's Name: ( ) Treasurer's Name: ( ) Advisor's Name: ( )

Date of submission: ……

c.c. Department of Student Affairs
Division of Finance

Acknowledged receipt by Finance Department on _____/_____/_____

Amount collected: RM_____ Receipt # Issued: _____ Signature: _____

( )