

KERTEH HASH HOUSE HARRIERS

C/O Steven's Coffee House
K-11298, Taman Cukai Utama, 24000 Kemaman, Terengganu.



MEMBERSHIP APPLICATION/RENEWAL FORM for Year: 20_____

The Registrar of Societies for Malaysia requires the following information for new members of the Kerteh Hash House Harriers and for annual membership renewals. Please complete this form using **legible block lettering** and return to the secretary along with the RM30.00 annual membership fee.

I wish to become a member of the Kerteh Hash House Harrier (KHHH). I have read and understand the Waiver as noted at the bottom of this page and agreed to abide by all the rules and regulations as set forth by the Kerteh Hash House Harriers.

本人欲成为吉利地捷兔跑步会 (KHHH) 会员。本人已阅读及明白本页底部所示之弃权声明书，并同意遵守一切吉利地跑步会所制定之规则与条文。

Name: _____ I/C or Passport #: _____

Home Address: _____

Employer: _____ Tel (Office): _____

Tel (Home/Mobile): _____ E-mail: _____

Date of birth: _____ Birthplace _____ Blood Group: _____

Blood donor: * Y/N **Willing to be a "Hare"** (同意成为 "Hare"): * Y/N

* Circle where appropriate: Y = Yes (同意), N = No (不同意)

Waiver:

I, the member mentioned above, hereby, for myself, heirs, executors or administrators, waive and release any and all claims that I may have against the Kerteh Hash House Harriers, it's agents, representatives, sponsors or cosponsors, officers or any other member for any and all injuries, invalidity and/or death that I may sustain during my participation in any activity sponsored by Kerteh Hash House Harriers.

弃权声明:

本人, 上述所列明之会员, 谨此宣布我本身 / 本人之继承人 / 执行人 / 管理人, 自动放弃 / 解除, 本人参加任何吉利地跑步会所举办之活动, 导致受伤, 伤残或死亡, 向吉利地捷兔跑步会, 它的代理, 代表, 创办人或联合创始人, 职员或其他会员做任何索偿的权益。

Signature: _____ Date: _____ Paid

For new members, recommendation by KHHH member (only those with valid Hash names) is required:
新成员必须由最少二位已有 Hash Name 成员推荐:

Member #1 (Hash name and signature):	Member #2 (Hash name and signature):
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For Office Use		
Member since:	Accumulated. Runs:	Prev. Year's Runs:

Payment Receipt

Received from Mr. / Ms. _____ Date: _____

Amount (RM): _____ Received by (signature) : _____
Name: _____

