

MEMBERSHIP FORM

YES! I would like to become a member!



Personal Details

Name: Mr / Ms / : _____

Age: Gender: Date of Birth: I/C No / Passport No:

Address: _____

Postcode: City: State: E-mail:

House Phone No: Mobile Phone No:

YES! I would like to apply for (Please tick ✓) -

INDIVIDUAL Adult : RM50.00 Youth : RM30.00 Child : RM20.00

FAMILY 2 Adults + 3 Children: RM100.00 2 Adults + 4 Children: RM120.00 2 Adults + 5 Children: RM140.00 2 Adults + 6 Children: RM160.00

YES! I would like to receive updates from Petrosains.

Family Details (for Family Membership only)

Spouse's Name: _____ Age: _____ Gender: _____ Date of Birth: _____ I/C No/Passport No: _____

Children's Names:	Age:	Gender:	Date of Birth:	I/C No/Passport No:

How did you first find out about the Petrosains Membership Programme?

- Friends Newspapers Radio Television
 Website Others

Payment Type : Cash Credit/Charge Card

Visa : _____ Amex : _____

Master Card : _____ Diners : _____

JCB : _____

I have read, understood, and agreed to the terms and conditions of the Petrosains Membership Programme. I confirm that all information furnished is correct and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

List Code : _____ Processed by : _____

Membership No : _____ Date : _____

Membership Expiry Date : _____ Payment Received by : _____

Receipt No : _____ Date : _____

New Renewal Replacement Card