



Persatuan Pengusaha Rumah Penginapan Sabah
(Sabah Backpacker Operator Association - SBA)

RENEWAL FORM

Company Name:

Business Address:

Tel:

Fax:

<input type="text"/>	<input type="text"/>
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Email:

Website:

<input type="text"/>	<input type="text"/>
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Name of Director:

Mobile:

1) <input type="text"/>	<input type="text"/>
2) <input type="text"/>	<input type="text"/>

Year of joining the Association:

Position held in the Association:

<input type="text"/>	<input type="text"/>
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I certify that the particulars given in this form are true and correct.

Date:

Signature of Applicant:.....

Identity Card No:.....

Annual Subscription Fee: RM100.00

Cheque No:.....

Kindly arrange payment by *cheque only* to: **SABAH BACKPACKER OPERATORS ASSOCIATION**
Malayan Banking Berhad : 5101-4311-4602

Please contact Treasurer Ms Queenie to collect payment and renewal form at 012-8333115

**Please renew your membership before 31st December*

Documents require: **Director I/C, Trading License*

Office Use

I certify that the applicant of membership number is a member of the above Association.

Date:

.....
Chairman / Hon.Secretary (Association Cop)

Preferred method of communication

Tel	<input type="checkbox"/>	Email	<input type="checkbox"/>	SMS	<input type="checkbox"/>
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