



Membership Application Form

I/we apply herewith for a membership in the Percikan Iman.

Membership/Keanggotaan/ /Mitgliedschaft

family
(CHF 120 p.a.)

individual
(CHF 80 p.a.)

Keluarga Name Nachname	
Suami Husband Ehemann	
Isteri Wife Ehefrau	
Telefon mobile Suami Husband's mobile Natel Ehemann	
Telefon mobile Isteri Wife's mobile Natel Ehefrau	
Telefon rumah Land line Festanschluss	
Alamat rumah Street Strasse	
Kode Wilayah / Wilayah ZIP / City PLZ / Ortschaft	
E-mail suami Husband's email Email Ehemann	
E-mail Isteri Wife's Email Email Ehefrau	
Nama Anak / Tanggal Lahir Child's name / Child Birthdate Name Kind / Geburtsdatum Kind	

Date: _____

Signature: _____ (please note : email application does not need signature)

Please send this form via email to INFO@PERCIKANIMAN.CH or send the signed form to: PERCIKAN IMAN, 8000 ZÜRICH