



## Application Form

Please fill up the details below if you are interested to join as a volunteer in the Lung Foundation of Malaysia ( known as “ friends of LFM)

Personal/ Contact details:	
Name	
Age	
Gender	
Date of birth	
Identity Card No	
Corresponding Address	
Mobil Phone No	
Email Address	
Name of Institution	
Nationality	
Emergency contact	
Academic Qualification ( if any)	
Basic	
Post-graduate	

\* I fully understand that participating as a volunteer in activities organized by Lung Foundation of Malaysia will be at my own risk and I waive any rights to act on the organizer for any injuries, accidents and death caused prior to, during or after the event.

Signature :

Date :