

## MEMBERSHIP APPLICATION

**Referral Name :** \_\_\_\_\_ **Referral ID :** \_\_\_\_\_  
**Applicant's Name :** \_\_\_\_\_ **Email :** \_\_\_\_\_  
**IC / Passport No.:** \_\_\_\_\_ **Contact No. :** \_\_\_\_\_  
**Address :** \_\_\_\_\_  
\_\_\_\_\_

Please place original IC / Passport (from side only) on the column provided, take a picture / scan and email to members@better.com.my

Place your original IC/Passport here (front side only)

I hereby consent and certify that the information give above is true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. By signing below, I agree to register as a member of BETTER ( BETTER PRESTIGE SDN BHD)

\_\_\_\_\_  
Signature : \_\_\_\_\_ Date :

**For Office Use Only :**

**Date Received :** \_\_\_\_\_ **Remarks :** \_\_\_\_\_