



MANIPAL ALUMNI ASSOCIATION MALAYSIA

*c/o Klinik Pergigian Bangsar,
7 A, Jalan Telawi Lima, Bangsar Baru, 59100 Kuala Lumpur
Tel: 03-22845228 Fax: 03-22843103*

MEMBERSHIP APPLICATION FORM

Honorary Secretary,
Manipal Alumni Association Malaysia.

Dear Sir,
I wish to apply to be a member of the Manipal Alumni Association Malaysia.
I shall abide by the constitution and By-laws of the association and will uphold
the good name of the Manipal Alumni.

Yours faithfully,

Recent Photo
*(write name
on reverse)*

Signature of the applicant

Name: _____ NRIC No.: _____

Citizenship: _____ Sex : Male Female

Office Address : _____

Post Code: _____ Telephone: _____

House Address: _____

Post Code: _____ Telephone: _____

E-mail: _____

<i>Year of Graduation</i>	<i>Name of Institution</i>	<i>Degree / Diploma</i>
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1 _____	_____	_____
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2 _____	_____	_____
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Please send correspondence to office house

I herewith enclose cash/cheque payable to Manipal Alumni Association Malaysia

Life Membership RM 200.00 Please charge my Visa/Master Card

Joint Life Membership RM 300.00 - -

Associate Membership RM 200.00 Expiry Date : /

Life Membership : Open to all graduates from Manipal - A Deemed University

Joint Life membership : Open to spouses who are graduates from Manipal

Associate membership : Open to parents whose children are studying in Manipal

Proposer: _____ Signature : _____

Seconder: _____ Signature : _____

FOR OFFICIAL USE	
Date	_____
M'ship No	_____
Receipt No	_____
Signature	_____

Card Member Signature