



MALAYSIAN DIABETES EDUCATORS SOCIETY (1066-07-SEL)
68, Jalan BRP 1/10, Bukit Rahman Putra, 47000 SUNGAI BULOH,
Selangor.
Email Address: mdes0507@gmail.com

Membership No <small>(For Office Use Only)</small>

MDES MEMBERSHIP APPLICATION

New Member Renewal

Name (in block letters) : _____

I.C. Number (new) : _____

Passport No. (non-Malaysian): _____ Country: _____

Gender : Male Female

Age : _____ Ethnicity: _____

Profession : _____

Organisation : _____

Mailing Address : _____

Telephone Number : _____ (home) _____ (H/P)

Email Address : _____

New Member: **Yes** **No**

No	Type of Membership	Fees (RM)
	***Administration fees <i>(For new or lapsed members only)</i>	<input type="checkbox"/> 5.00 (One time payment)
1	Ordinary member Provides at least 6 hours of diabetes education per week.	<input type="checkbox"/> 30.00 per year
2	Associate member Provides less than 6 hours of diabetes education per week or non-Malaysian.	<input type="checkbox"/> 30.00 per year
3	Life member Provides at least 6 hours of diabetes education per week.	<input type="checkbox"/> 300.00
4	Corporate member	<input type="checkbox"/> 500.00 per year
	Total	



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Payment Options (Membership fees are non-refundable and non-transferable)

- Cash
- Banker's Cheque _____ Cheque number : _____
- Online Transfer/ ATM Transfer _____ Reference No. : _____
- Postal Order No. _____

MDES Bank Account:

Account name : **MALAYSIAN DIABETES EDUCATORS SOCIETY**
 Name of bank : **MAYBANK**
 Account No : **5142-5350-9484**
 Address : **Dataran Maybank Branch, Level 1, Tower A, Dataran Maybank, No. 1, Jalan Maarof, Bangsar, 59000 KL**
 Swift code: **MBBEMYKL**

*ALL CHEQUES ARE TO BE CROSSED AND DRAWN IN FAVOUR OF "MALAYSIAN DIABETES EDUCATORS SOCIETY"

Kindly provide a copy of bank payment details and email to mdes0507@gmail.com for the attention of Ms Jannah.

DECLARATION

- I hereby declare that all the above information is true.

Signature: _____ Date: _____

Thank you for applying as MDES new member / renewing your membership.

For office use only:

Date received	Amount received (RM)	Receipt no.	Supporting documents	Membership no.

Approved for:

- Ordinary
- Life
- Associate
- Corporate

Approval date: _____