



**MALAYSIAN DIABETES EDUCATORS SOCIETY (PPM-002-10-29052007)**  
 68, Jalan BRP 1/10, Bukit Rahman Putra, 47000 SUNGAI BULOH,  
 Selangor.  
 Email Address: mdes0507@gmail.com

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



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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](mailto: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.

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**For office use only:**

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

Approved for:

- Ordinary
- Life
- Associate
- Corporate

Approval date: \_\_\_\_\_