**MEMBERSHIP SUBSCRIPTION FORM (MSF) - FY2021**

(Please complete the form)

1. **Name of Member**

………………………………………………………………Phone No…………………………… Membership Number …………………Email…………………………………………………….

1. **Category of Membership you are subscribing for (Tick)**

Full Affiliate Student Foreign Corporate

1. **Personal Information**

Gender:(Tick)

Male Female

1. **Physical Address**

……………………..…………...…………………………………………………………………

…………………………………………………………………………………………………….

…………………………………………………………………………………………………….

Sector:(Tick)

Public Private General Membership

1. **Region of member / Organization (Tick)**

Northern Central Southern

**DECLARATION**

1. I declare that the above information is true to the best of my knowledge, information, and belief.

**Signature**………………………………………**Date**………………………………

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**FOR OFFICIAL USE ONLY**

**Receipt No**: .......……………………**Amount (MK)**…………………………………

**Name** ........…………………………**Signature**………………**Date**………………….