

PAYMENT FORM

MEMBER DETAILS	
Name :	
Membership No. : _	
Mobile No. : _	
Email Address : _	
PAYMENT DETAILS	
Payment for the foll	owing (Please tick [/] one only):
[] Membership Sub	oscription: (Fellow/ Associate/ Graduate/ Retired)
[] Affiliate Fee	
Amount Due:	
Payment Method:	
1. Cheque / Bank D	raft No:(made payable to "MAICSA")
	Please attach the proof of payment or receipt from the bank)Ref. No:Date:
3. Credit Card: Plea	se tick [/] and fill up the following section:-
 Yes, I wish to pay for the year of 20 Yes, I authorise MAICSA to charge my credit card every year for the abovementioned payment as indicated below: 	
[] Charge to	VISA [] Charge to MASTERCARD
Bank	:
Card No.	;
Name on the card	:
Expiry Date	;
Signature of	Data
Cardholder	: Date:
FOR OFFICE USE	ONLY
Receipt No. : Receipt Date :	
Approval Code :	

The Malaysian Institute of Chartered Secretaries & Administrators

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