



**YAYASAN KEBAJIKAN HAIWAN KEBANGSAAN MALAYSIA  
MALAYSIAN NATIONAL ANIMAL WELFARE FOUNDATION (MNAWF)**

No. 8, Jalan Tun Razak, 50400 Kuala Lumpur Tel: 03-40435113/40432420 Fax: 03-40413660  
E-mail: secretary@mnawf.org.my www.mnawf.org.my

Passport  
Size  
Colour  
Photograph

**MEMBERSHIP APPLICATION FORM**

I wish to apply for membership:  Ordinary  Associate  Affiliate  Institution  Corporate

**A. PERSONAL DATA**

1. Name \_\_\_\_\_ Title:  Mr  Ms  Dato  Datin Others \_\_\_\_\_

2. Date of Birth ( DD MM YYYY) \_\_\_\_\_ 3. NRIC (Malaysians) \_\_\_\_\_ Non-Citizens \_\_\_\_\_ 4. Gender \_\_\_\_\_  
Nationality: \_\_\_\_\_  Male  
Passport No.: \_\_\_\_\_  Female

5. Profession: \_\_\_\_\_  Government  University  Private Sector  Retired

6. Address (Residence) \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_ City \_\_\_\_\_

7. Address (Office) \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_ City \_\_\_\_\_

8. Mailing Address  Residence  Office 9. E-mail: \_\_\_\_\_ Mobile \_\_\_\_\_

10. Festival Celebrated  Hari Raya  Christmas  Chinese New Year  Wesak  Deepavali Others \_\_\_\_\_

11. MNAWF T-shirt size M  L  XL

I'm interested to participate in the following MNAWF program:

Fund Raising  Social Responsibility  Animal Assisted Activities  Animal Welfare Education

Are you a pet owner:  Yes *If yes, please (✓)*  Dog  Cat  Rabbit  Reptiles  Birds Others \_\_\_\_\_  
 No

**Subscription Fee**

Ordinary Member	RM100
Associate Member	RM100
Institution	RM500
Corporate	RM1,000
Affiliate	Exempted
Student Member	RM20

Membership Fee : \_\_\_\_\_  
\*Donation : \_\_\_\_\_  
**TOTAL** : \_\_\_\_\_  
*\* Tax Deductable*

I enclose

Money Order/Cheque No: \_\_\_\_\_  
 Cash for the amount of RM: \_\_\_\_\_  
 Direct Bank in : A/C No. 514075013597 (Maybank)  
Account Name : Yayasan Kebajikan Haiwan Kebangsaan  
Malaysia  
(Please email to secretary@mnawf.org.my or fax to 03-40413660 the receipt for confirmation).

I certify that the above informations are true and correct

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**B. PROPOSED BY (Ordinary Member)**

Name: \_\_\_\_\_  
Membership No: \_\_\_\_\_  
Signature: \_\_\_\_\_

**C. SECONDED BY**

Signature of Hon. Secretary \_\_\_\_\_

Name: \_\_\_\_\_

**FOR COMMITTEE USE ONLY**

Membership No: \_\_\_\_\_

Date of Approval (DD MM YYYY) \_\_\_\_\_