

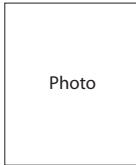


**YAYASAN KEBAJIKAN HAIWAN KEBANGSAAN MALAYSIA
MALAYSIAN NATIONAL ANIMAL WELFARE FOUNDATION (MNAWF)**

No. 8, Jalan Tun Razak, 50400 Kuala Lumpur
Tel: 03-40440940 / 03-40435113 Mobile:019-2112150 Fax: 03-40413660
E-mail: secretary@mnawf.org.my www.mnawf.org.my

For MNAWF use only	
Receipt no. :	
Date issue :	
Amount paid :	
Collected by :	

MEMBERSHIP APPLICATION FORM



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

A. PERSONAL DATA

1. Name Title: Mr Ms Dato Datin Dato' Seri Datin Seri Others _____

2. Date of Birth (DDMMYYYY) _____ 3. NRIC / Passport No. _____ Nationality: _____ 4. Gender Male Female

5. Profession: _____ Government University Private Sector Retired

6. Address (Residence) _____ Telephone _____

Postcode _____ City _____

7. Address (Office/University/College/Institution) Telephone _____ Ext. _____
(Please underline where applicable)

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: XS S M L XL XXL

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
Youth Member (Below 21 years age)	RM50

Membership Fee : _____
*Donation : _____
TOTAL : _____

*Your donation to the Malaysian National Animal Welfare Foundation (MNAWF) is exempted from Income Tax under the Provision of Section 44(6) of the Income Tax Ordinance 1967. Tax Deductable Ref. No (LHDN. 01/35/42/51/179-6.4886)

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 fax the receipt for confirmation)

I certify that the above informations are true and correct:

Signature of Applicant: _____

Date: _____

Signature of Guardian
(Below 21 years age): _____

University/College/Institution Consent

Chop and Sign

B. PROPOSED BY (Ordinary Member)

Name: _____

Membership No: _____

Signature: _____

FOR COMMITTEE USE ONLY

Seconded by _____

Signature of Hon. Secretary _____

Name: _____

Receipt No.: _____

Membership No:

Date of Approval (DD MM YYYY)

Please return completed form to the Honorary Secretary

Please ensure the Application Form is **fully completed**.