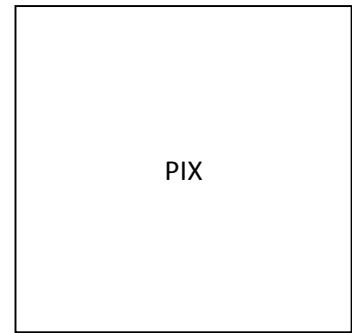




Malaysian Vegetarian Society (Persatuan Vegetarian Malaysia) (WP2252/96)



Membership Form

Name : _____ (Dato / Dr / Mr / Mrs / Mdm / Miss)

IC No. : _____

HP: _____ Tel : _____ Fax: _____

Postal Address : _____

Email: _____

Facebook : _____

Vegetarian Type: A. Vegan [] B. Vegetarian [] C. Aspiring Vegetarian []

Membership Category (Please Tick Preference)

No	Membership Type	Fees	Tick
1	Ordinary	RM25/yearly	<input type="checkbox"/>
2	Associate (Malaysian)	RM25/yearly	<input type="checkbox"/>
	Associate (Non Malaysian)	RM25/yearly	<input type="checkbox"/>
3	Life / Family (One Representative)	RM250 One-time Payment	<input type="checkbox"/>
4	Corporate (One Representative)	RM100/yearly	<input type="checkbox"/>
5	Vegetarian Based Organizations (NGO) (One Representative)	RM100/yearly	<input type="checkbox"/>

Payment

Cash: _____

Cheque No: _____ (Payable to: **Malaysian Vegetarian Society**)

Bank Transfer: _____ (CIMB : 8001 218 105)

.....
I understand the objectives of the Society and agree to abide the terms and conditions of membership

Signature : _____

Date : _____

For Office Use Only

Date Received :

Receipt No :

Membership ID :