



MALAYSIAN VETERINARY MEDICAL ASSOCIATION

(PERSATUAN PERUBATAN VETERINAR MALAYSIA)

(PPM-011-14-23011989)

10-1, JALAN SIERRA 10/2

BANDAR 16 SIERRA

47120 PUCHONG SELANGOR

Email: vamsecretary@gmail.com

CORPORATE AFFILIATE MEMBERSHIP FORM

Membership No:

(By MAVMA office)

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A. COMPANY / ORGANIZATION DETAILS

1. Company / Organization Name :
2. Official Address:
3. Company / Organization Registration No:
4. Telephone number:
5. Email Address:
6. Company / Organization Type: () Private () Professional Body () Statutory Body () Government Agency/Ministry () Others, Please State:

Official Representative:

Name: _____ **NRIC:** _____

Telephone No.: _____ **Email:** _____

Position: _____

I certify that the above information is true and correct:

Date: _____ **Signature of Applicant & Company Stamp:** _____

MAVMA OFFICE USE:

Verified By:

Approved By:

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Signature:

Signature:

Name:

Name:

Designation: Honorary Secretary

Designation: President

Date:

Date of EXCO meeting:

EXCO Meeting Number:

Annual Fees

<p>Corporate Affiliate Membership</p> <p>RM2,000.00</p>	<p>Made Payable to: MALAYSIAN VETERINARY MEDICAL ASSOCIATION Account: 80-0263274-5 CIMB Bank Berhad</p>
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