



Malaysian Danish Association

c/o Poo Chu Chua
Birkeskallet 6,
2000 Frederiksberg,
Denmark
E-mail: info@m-d-a.dk
Homepage: http://m-d-a.dk/

Membership Application / Renewal Form 2010

Categories of Membership / Annual Membership Fee (January - December 2010):

- Individual Membership: Dkk 165
- Family Group Membership (2 adults, inclusive of own children under 18 years old): Dkk 275
- Corporate/Companies/Organisations Membership: Dkk 2200 (Only two (2) person's name to be nominated to represent the corporation/company/organisation concerned)

Total amount: _____ Danish Kroner Giro Cheque No: _____ Bank transfer Date: _____

Account Name: Constitution of the Malaysian Danish Association

Giro Bank (Danske Bank): Reg. No. 1551 / Acct. No. 006 006 8631

Name (Mr./Ms./Mrs.): _____ Family name: _____

Nationality: Malaysian Danish Others (please state) _____

Date of birth: _____ Occupation: _____

Tel. Home: _____ Office: _____ Mobile: _____

Length of stay in Denmark (As of 1st January) : _____ Years _____ Months

Name (Mr./Ms./Mrs.): _____ Family name: _____

Nationality: Malaysian Danish Others (please state) _____

Date of birth: _____ Occupation: _____

Tel. Home: _____ Office: _____ Mobile: _____

Length of stay in Denmark (As of 1st January) : _____ Years _____ Months

Children's Name(s): _____ Date(s) of birth: _____ Gender: M F
 _____ M F

Address: _____ Postal code: _____ City: _____

E-mail: _____ Correspondence preference E-mail Post

I/We, hereby allows my/our Name(s)
 Address
 Tel. Home Tel. Office Mobile
 E-mail
 Others: Skype / MSN / Yahoo Messenger: _____
 None of the above

to be published in the Members' Booklet/Newsletter.

What would you like to suggest for MDA to improve further? _____

I/We would like not be able to offer my/our assistance when needed by MDA.

Offers of assistance such as: _____

Declaration: I/We declare that I/We fully understand that the above information provided will be kept confidential by Malaysian Danish Association (MDA). This information will be used for the processing of my/our membership or any other administrative purposes with MDA.

Full Name: _____ Signature: _____ Date: _____

Full Name: _____ Signature: _____ Date: _____

Note: Kindly inform MDA of any changes to your personal details by e-mail or post.

For MDA Executive Committee's Use Only: Received on: _____ via P / E / F / H

by Executive Committee Member: _____

Status: A / R / K Membership No.: _____