



## Institutional Membership Application Form

### Organisation Particulars:

Name of Organisation:.....

Address: .....

..... Postal code: .....

Contact Person: ..... Office Tel: .....

Handphone No: ..... Fax No: .....

Email: .....

### Affiliation with other Organisations:

Member of: .....

.....

Enclosed is (tick whichever applicable)     postal money order     cash

cheque (cheque no: ..... ) for being my organisation's 1<sup>st</sup> subscription.

\$ 2.00 (Non-Working Member)

\$10.00 (Associate Member Individual)

\$ 5.00 (Working Member)

\$30.00 (Associate Member Institutional)

Reason(s) for joining DPA: .....

.....

Authorised signatory: ..... Organisation stamp:

### Approved by Board of Management

Hon. Secretary: .....

Date: .....

(Signature)