

PAYMENT FORM

MEMBER DETAILS

Name : _____
Membership No. : _____
Mobile No. : _____
Email Address : _____

PAYMENT DETAILS

Payment for the following (Please tick [/] one only):

- Membership Subscription: (Fellow/ Associate/ Graduate/ Retired)
 Affiliate Fee

Amount Due: _____

Payment Method:

1. Cheque / M.O/ Bank Draft No: _____ (made payable to "MAICSA")

2. Online Banking (Please attach the proof of payment or receipt from the bank)

Name of Bank: _____ Ref. No: _____ Date: _____

3. Credit Card: Please tick [/] and fill up the following section:-

- Yes, I wish to pay for the year of 20_____
 Yes, I authorise MAICSA to charge my credit card every year for the abovementioned payment as indicated below:

Charge to VISA

Charge to MASTERCARD

Bank : _____

Card No. : _____

Name on the card : _____

Expiry Date : _____

Signature of

Cardholder : _____ Date: _____

FOR OFFICE USE ONLY

Receipt No. : _____

Receipt Date : _____

Approval Code : _____



**The Malaysian Institute of Chartered
Secretaries & Administrators**

Bangunan MAICSA,
No. 57 The Boulevard,
Mid Valley City, Lingkaran Syed Putra,
59200 Kuala Lumpur.
Tel: 03-22829276 Fax: 03-22829281

E-mail: members@maicsa.org.my