

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 / 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 : _____