



**MDIS MEMBERSHIP RENEWAL FORM (STUDENT)**

**Full Name:** \_\_\_\_\_

**Student ID No.:** \_\_\_\_\_

**Contact No.:** \_\_\_\_\_ (HP) \_\_\_\_\_ (H)

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

<p><b><u>Membership Category</u></b> Ordinary <sup>1</sup> / Associate <sup>2</sup> *</p>	<p align="center"><b><u>Subscription Fees (Inclusive of GST)</u></b>  <b>S\$64.80 / S\$43.20*</b></p>																									
<p>Payment by Cash/NETS/Credit Card /Cheque* (made payable to <b>MDIS</b>)</p>	<p>Credit Card No. (for payment by Visa or MasterCard only)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>Exp. Date (MM / YY)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>Signature:</p>					-					-					-										
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***\*delete accordingly***

Notes:

1. Ordinary membership – students who are taking degree and above courses
2. Associate membership – students who are taking pre-degree level courses

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**For office use only**

Payment: \_\_\_\_\_

Receipt No. : \_\_\_\_\_

Membership Number: \_\_\_\_\_

Membership Type : Ordinary / Associate\*

For more information, please contact:

MDIS Corporate & Membership Relations  
Tel: 6796 7819  
Email: [michelle\\_ngcp@mdis.edu.sg](mailto:michelle_ngcp@mdis.edu.sg)