

Replacement of MDIS Membership Card(s)

Name of Member/Student: _____

Batch No. (if any): _____

Contact No: _____

Mailing address : _____

_____ Postal code: _____

Below fees quoted are inclusive of 7% GST.



S\$10.70 – (For MDIS Student/Individual member)

Member's Signature

Date

For official use

Approved by : _____

Receipt no : _____

Membership No : _____

Date : _____