



Replacement of MDIS Membership Card(s)

Name of Member/Student: _____

Batch No. (if any): _____

Contact No: _____ (HP) _____ (H)

Mailing address: _____

Below fees quoted are inclusive of 8% GST.



S\$10.80 – (For MDIS Student/Individual member)

Member's Signature

Date

For official use

Approved by : _____

Receipt no. : _____

Membership No. : _____

Date : _____