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E-mail: membership@mma.org.my MMA Website: www.mma.org.my

CREDIT CARD PAYMENT INSTRUCTION FORM (PIF)

I hereby authorise (name of bank) _____ to debit my account.

Please tick the relevant box Master Card **OR** Visa Card for the payment of subscription fee/s

as indicated in the attached form MMA Membership Renewal **OR** Lapsed & Rejoined Membership

Life Membership

New MMA Membership

RM

Life Membership	:	_____
MMA Membership Subscription fee for year	:	_____
Total	:	=====

DETAILS OF CARDHOLDER

Cardholder's name (as stated in the credit card) : _____

Full Name : _____

I/C No : New _____ Old _____

Address : _____

Postcode : _____ E-mail : _____

Office Tel No : _____ H/P : _____

Card Expiry Date : _____ Code No:

Master/Visa credit card account no

I agree to the terms and conditions of the platinum/gold/classic cardholder agreement which have been made available to me.

Cardholder's signature _____ Date _____

FOR OFFICE USE ONLY

Merchant number : _____

Authorisation code : _____

Authorisation date : _____

Verified by (name of staff) : _____

Signature : _____

Date : _____