



MALAYSIAN PRIVATE DENTAL PRACTITIONERS' ASSOCIATION (MPDPA)

MEMBERSHIP APPLICATION FORM

I wish to apply to become a member of the Malaysian Private Dental Practitioners' Association (MPDPA)

1. NAME:
(in block letters)
2. NRIC NO:
3. ADDRESS:
.....
.....POSTCODE :
- TEL: (O)..... H/PHONE :
- FAX: EMAIL:
4. BASIC DENTAL QUALIFICATIONS:.....
5. SPECIALITY :
6. MALAYSIAN DENTAL COUNCIL (MDC) REGISTRATION: NO :

.....
DATE

.....
SIGNATURE

ENTRANCE FEE	:RM50.00
ANNUAL SUBSCRIPTION	:RM100.00
TOTAL TO PAY AS NEW MEMBER	RM150.00
	=====

Enclosed Cheque :

(Bank) :

Cheque No: Dated:.....

FOR OFFICE USE:

Payment Details:

Cheque No:..... Dated.....

Receipt No:.....

Payment made via cheque , made payable to "MPDPA"
or

Online Bank Transfer to

Malaysian Private Dental Practitioners Association –
Maybank (MBB) : 5641 2843 0729

To email Registration Form along with Proof of Payment slip
to : mpdpa1@gmail.com