



MALAYSIAN PRIVATE DENTAL PRACTITIONERS' ASSOCIATION (MPDPA)

MEMBERSHIP RENEWAL FORM

I wish to Re-NEW my membership with 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

RENEWAL FEE PER YEAR RM 100

__ (NO) OF YEARS RENEWAL :
RM 100 X ____ = RM _____

TOTAL PAYMENT : RM _____

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 Membership Renewal Form along with Proof of Payment slip
to : mpdpa1@gmail.com