Membership Application Form

Type of Membership (select one)**:**

- ❑ **Individual (Standard)**
  RM 240/annum
- ❑ **Individual (Under 32, please indicate age: _____)**
  RM 120/annum
- ❑ **Corporate**
  RM 1,200/annum
- ❑ **Gold**
  RM 5,000/annum
- ❑ **Platinum**
  RM 10,000/annum

Business Activity (Tick all that apply):

- ❑ Banking, Insurance, other Financial Services
- ❑ Food, Beverage, and Hospitality Industry
- ❑ Trade, Distribution, Retail
- ❑ Industrial and Manufacturing
- ❑ Transport, Energy and Telecommunications
- ❑ Civil works and Construction
- ❑ Art, Design and Science
- ❑ Business Services (please specify):
- ❑ Information and Communication Technology
- ❑ Travel, Tourism and M.I.C.E. Services
- ❑ Legal, Accounting, Tax Services
- ❑ Other (please specify):

For "Individual" membership registration

Personal Details:

- Surname:
- Name:
- Nationality:
- Date of birth:
- Mailing address:
- Job title:
- Company:
- Tel:
- Email:

For "Corporate", "Corporate Plus", "Gold", "Platinum" membership registration

Corporate Details:

- Name:
- Business address:
- Website:
- Parent company (if applicable):
- Country of incorporation:
- Year of incorporation:
- Turnover:
- Total workforce:

Corporate Representative:

- Surname:
- Name:
- Nationality:
- Date of birth:
- Job title:
- Tel:
- Email

Appointed Corporate Nominee #1 (Optional):

- Surname:
- Name:
- Nationality:
- Date of birth:
- Job title:
- Tel:
- Email:

Appointed Corporate Nominee #2 (Optional):

- Surname:
- Name:
- Nationality:
- Date of birth:
- Job title:
- Tel:
- Email:

Consent for Contact Sharing

I hereby consent to ITALCHAM Malaysia sharing my business email address (indicated in this form) with ITALCHAM Malaysia Chamber members who wish to connect with me for professional purposes only.

☐ Yes, I agree

☐ No, I do not agree

I acknowledge that my membership will be valid after receipt of the membership fees and that I will be bound by the Memorandum and Articles of Association and by the by-laws applicable at the time to the Association.

Date: **Signature:**

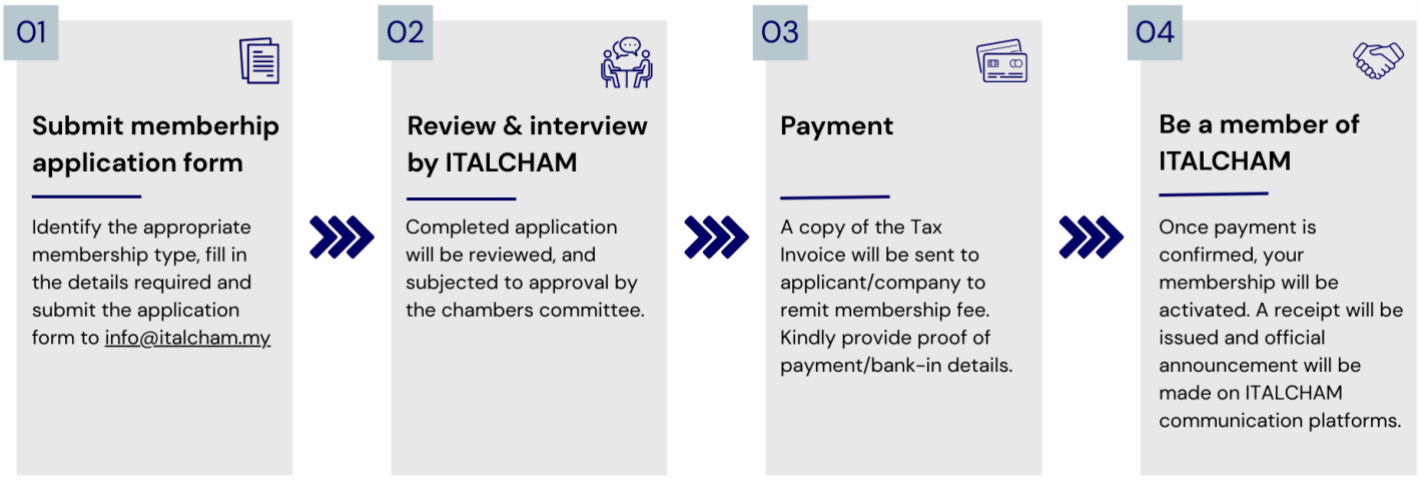
Please remit payment by Cash or Cheque or Bank Transfer * (Nett of bank charges) to:

Bank Name: **CIMB Bank**
Account Number: **8000 2015 11**
Account Name: **Pertubuhan Perniagaan Italy - Malaysia, Kuala Lumpur****
Bank Address: **CIMB Bank Berhad, No. 468-6(1), Ground Floor, Block E, Rivercity, Jalan Sultan Azlan Shah, 51200 Kuala Lumpur**
Swift Code: **CIBBMYKL**
Business Registration Number: **862**

*Please send the copy of receipt by email to **info@italcham.my**

** For Cheque payment, please write account name in **Full**.

Membership Application Process



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