



Individual Membership Application Form

Type of Membership (select one):

- Individual (Standard)
RM 240
- Individual (Under 32, please indicate age: _____)
RM 120

Personal Details:

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

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:



IMBA
Italy Malaysia Business Association

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

BankName: **CIMB Bank**

Account Number: **8000201511**

Account Name: **Pertubuhan Perniagaan Malaysia Itali – Malaysia Kuala Lumpur**

Bank Address: **CIMB Bank Berhad No 803-817 Bangunan Lim Batu 4 ½ Jalan Ipoh,
51200 Kuala Lumpur**

Swift Code: **CIBBMYKL**

*Please send the copy of receipt by email to **secgen@imba.org.my**

IMBA – Italy Malaysia Business Association

c/o ITA, Office Suite 19-14-1 & 3A, Level 14, UOA Centre, No. 19, Jalan Pinang, 50450 Kuala Lumpur – Malaysia +603.2164.9931

www.imba.org.my