



**MEMBERSHIP FORM**

**PERSONAL PARTICULARS**

TITLE: MR/MS/MRS/DR/DATO/DATIN/TAN SRI etc  
NAME: -----  
KNOWN AS: -----  
UNIVERSITY/INSTITUTE OF STUDY: -----  
COURSE: -----  
YEAR GRADUATED: -----  
MAILING ADDRESS: -----  
CITY, STATE & POSTCODE: -----  
COUNTRY: -----  
EMAIL ADDRESS: -----  
TELEPHONE (RESIDENCE): -----  
TELEPHONE (MOBILE): -----  
FAX: -----

**DETAILS OF CURRENT EMPLOYMENT**

CURRENT OCCUPATION: -----  
COMPANY: -----  
OFFICE ADDRESS: -----  
CITY, STATE & POSTCODE: -----  
COUNTRY: -----  
TELEPHONE (OFFICE): -----  
FAX: -----

Note: Please make cheque payable to Malaysian Irish Alumni Association for RM100 for life time membership.

(For MIAA )  
MIAA REFERENCE NO: -----

Please fax/email membership form to:  
The Secretary of the Malaysian Irish Alumni Association (MIAA)  
Fax: 03 78738691 / Email: miaa\_secretary@hotmail.com