



## Replacement of MDIS Membership Card(s)

Attn: MDIS Membership Department

Name of Member/Student: \_\_\_\_\_

Batch No. (if any): \_\_\_\_\_

Contact No: \_\_\_\_\_

NRIC/FIN/Membership No: \_\_\_\_\_

Mailing address : \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

**Below fees quoted are inclusive of 7% GST.**

S\$10.70 – (For MDIS Student/Individual member)

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

For official use

Approved by : \_\_\_\_\_

Receipt no : \_\_\_\_\_

Date : \_\_\_\_\_