



INDIVIDUAL MEMBERSHIP REGISTRATION/RENEWAL FORM

Please fill in the membership form and return it to us for scrutiny.

Mtolankhani House, Plot 99 Acacia Area, Lilaga Community, Lilongwe, Malawi
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Tel: +265 1 758 091 | Email: info@misamalawi.org

After carefully reading and understanding the aims and objectives of MISA Malawi, I would like to join/renew my membership for the year _____.

Surname: _____ First name: _____ Initial: _____

Title: _____ Gender: FEMALE MALE

Postal address: _____

Phone no.: _____ Email: _____

Highest qualification: _____

Area of expertise / interest: _____

Capacity gaps (if any): _____

Organisation: _____

Position held: _____

Current MISA Malawi member: YES NO

Please find enclosed the amount MK _____ (please circle below)

MOBILE TRANSFER CHEQUE CASH

Account Name: WPDF, Account Number: 1610678, National Bank of Malawi, Lilongwe Service Centre

FOR OFFICIAL USE ONLY

Accepted: YES NO

Reason: _____

Membership ID number: _____

Signed: _____ Date: _____