**MMA TRI-STATE**

**FAMILY DAY TRIP TO KUALA SELANGOR**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| **NAME**  **(Principal registrant)** |  |
| AGE |  |
| NRIC NUMBER |  |
| MOB. TEL. NO |  |
| EMAIL |  |

**ACCOMPANYING FAMILY MEMBERS – NAME AND AGE**:

|  |  |  |
| --- | --- | --- |
|  | NAME | AGE |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
|  |  |  |

MMA MEMBER (Please click your selection)

SELANGOR

WILAYAH

NEGERI SEMBILAN

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUEST: (please click)

YES

NO

FEE PAYABLE:

|  |  |  |  |
| --- | --- | --- | --- |
|  | NO OF PAX | RATE PER PAX (RM) | TOTAL (RM) |
| For **members** of MMA Selangor/Wilayah/Negeri Sembilan and their immediate family members (spouse/children) –  [Subsidized fare] | | |  |
| Adult |  | 145.00 |  |
| Children (12 yrs & below): |  | 110.00 |  |
| For **non-members** of MMA Selangor/Wilayah/Negeri Sembilan and guests – [Full Fare] | | |  |
| Adult |  | 250.00 |  |
| Children (12 yrs & below): |  | 220.00 |  |
|  |  |  |  |
| **TOTAL PAYABLE** | | |  |

PAYMENT INFO:

Payee bank: **Alliance Bank Malaysia Berhad**

Account number: **6201 0001 0023 062**

Payee Name: **MALAYSIAN MEDICAL ASSOCIATION,  SELANGOR BRANCH**

Contact person:

1. Dr. Arulnathan (012-2272754) EM: [arul8788@gmail.com](mailto:arul8788@gmail.com)
2. Dr. Loke Xi Mun (010-2288671) EM: xi.munloke@gmail.com

Kindly email the completed registration form to [arul8788@gmail.com](mailto:arul8788@gmail.com)

Please attach the on-line payment slip with this application.