

Membership Application Form

Date:

Name & Surname \_\_\_\_\_

Company \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Position in the company \_\_\_\_\_

Nature of Business \_\_\_\_\_

Membership in other Associations / Institutions \_\_\_\_\_

\_\_\_\_\_

Private Postal Address \_\_\_\_\_

\_\_\_\_\_

Home tel: \_\_\_\_\_ Mobile \_\_\_\_\_

Motivation for joining: \_\_\_\_\_

First Registration fee (compulsary at all levels)	Eur. 35.00
Corporate Level Membership	Eur 60.00
Associate Membership	Eur 45.00
Student membership	Eur 10.00

Paid by cheque number: \_\_\_\_\_ Signature \_\_\_\_\_

Queries 21334394, 99426238, 99422543  
Email: [info@mawb.eu](mailto:info@mawb.eu), [secretary@mawb.eu](mailto:secretary@mawb.eu)  
Website: [www.mawb.eu](http://www.mawb.eu)  
Postal Address MAWB P.O. Box 28, Msida

I do not consent for MAWB to put my details on its website . . .  
I do not consent for MAWB to use my details to keep me informed of the Association's events through newsletters, post or email . . .