

This form should be send wherever there is a change in any of the fields

MEMBERSHIP UPDATE FORM		
Date:		
Name of Organisation ¹ :		
Address of Organisation :		
Tel ² :	Fax :	E-mail :
Membership Type : Ordinary/ Associate/Honorary		
Person-To- Contact and Appointment in Organisation:		
Name of representative at AFMR :		
Address :		
Tel :	Fax :	Mobile Phone :
E-mail		
<u>FOR OFFICIAL USE ONLY</u>		
Membership Fee Received : YES/NO	Date Received :	
Membership Approved : YES/NO	Date Approved :	
Database Updated: YES/NO	Date Updated :	
Remarks		

Note:

1. This is a compulsory field. All the other fields should only be filled in if there is any changes or update.
2. Please include country and area code for all telephone and facsimile number.