



Pertubuhan Pelancongan Dalam Negeri Malaysia
Malaysian Inbound Tourism Association (MITA)
Lot 4.107, Tingkat 4, Wisma Central, Jalan Ampang
50450 Kuala Lumpur
Tel: 03-2166 0877 Fax: 03-2166 1877
E-Mail: mitamsia@gmail.com

APPLICATION FOR ACTIVE/ASSOCIATES/ALLIED MEMBERSHIP

The Secretary General
Malaysian Inbound Tourism Association

PPM/WKL.41/04(3)
PPP/WKL.2/04

We hereby apply for ***ACTIVE/ASSOCIATE/ALLIED** membership of the Association and submit the following particulars as required :

1. Name of Company/Association : _____
2. Address : _____
3. Postal Code : _____ City _____
4. Telephone No : _____ Fax No: _____
5. Website : _____ Email : _____
6. Type of Business entity
* Sendirian Berhad / Berhad / Sole Proprietorship / Partnership / Public List Co.
7. * Company Registration / Business Registration/Association Registration No. _____
Date Incorporated on _____
8. Principal Business of Company _____
9. Other Association Membership _____
10. Form 9, 24, 49 _____
11. Names of all Director /Principal Partners _____
12. Name of Representative (Company Director) _____

- **Delete items NOT applicable**

In applying for membership, we acknowledge the jurisdiction of Malaysian Inbound Tourism Association as the national body in Malaysia in respect of all Inbound Tourism affairs and we agree to subscribe to the objectives and abide by the rules of the Association and as well as decisions by the Association.

We agree and shall inform the Association of any changes in material facts as stated above from time to time.

We enclose herewith Bank Cheque No. _____ of MYR _____ payable to **Malaysian Inbound Tourism Association / MITA Account No : RHB 21227300026585.**

As Entrance Fee & Annual Subscription for ***ACTIVE/ ASSOCIATE / LIFE MEMBERSHIP (ENTRANCE : RM300.00 / MEMBERSHIP : RM200.00 / LIFE MEMBER : RM3,000.00)**

We the undersigned certify that to our knowledge and belief the information and statements provided herein are true and correct.

Signature
& Company Stamp _____

Name (Block Letter) _____

Designation _____

Proposed by _____ Signature _____
(Name of Company/Association)

Seconded by _____ Signature _____
(Name of Company/Association)