

Membership Application Form

Personal Information

Name			
Mailing Address			
Telephone No.		Mobile No.	
Fax No.		Email Address	
Nationality		ID Document	

Membership Type

- New Member
- Renewal
- Cancellation

Annual Membership Fee

- MOP50 Student Membership
- MOP300 Full Membership
- MOP1200 Sponsor Membership

From the following options please choose all that you are interested in:

- I am a parent and would like information on programs available through MCDA.
- I would like to cooperate with the working team of the MCDA.
- I would like to support the MCDA financially.
- I would like to take part in the professional team working at the MCDA.
- I would like to volunteer to work with children.
- I would to receive professional training.

Date

FOR OFFICE USE ONLY

Date

Payment Received

Applicant's ID/Passport Copy

Membership ID

Signature

MCDA
STAMP