



INSTITUTE OF MARKETING MALAYSIA

CORPORATE MEMBERSHIP RENEWAL FORM 2017

[Please complete & fax this form to IMM at 03-7876 3726 OR email to: imm.malaysia@gmail.com]

COMPANY NAME: _____

MEMBERSHIP NO: _____

CORPORATE NOMINEE NAME: (1) _____
(Principal Representative)

POSITION : _____

EMAIL ADDRESS : _____ **TEL. NO.** _____

CORPORATE NOMINEE NAME: (2) _____
(Alternate Representative)

POSITION : _____

EMAIL ADDRESS : _____ **TEL. NO.** _____

CORPORATE NOMINEE NAME: (3) _____
(Additional Representative)

POSITION : _____

EMAIL ADDRESS : _____ **TEL. NO.** _____

CORPORATE NOMINEE NAME: (4) _____
(Additional Representative)

POSITION : _____

EMAIL ADDRESS : _____ **TEL. NO.** _____

CORPORATE NOMINEE NAME: (5) _____
(Additional Representative)

POSITION : _____

EMAIL ADDRESS : _____ **TEL. NO.** _____

CHANGES TO CONTACT ADDRESS:
(If different from address stated on the invoice)

CONTACT PERSON FOR MEMBERSHIP RENEWAL : _____

TEL/FAX NO. : _____ EMAIL : _____

PAYMENT DETAILS (please tick where appropriate):

() Enclosed herewith Cheque No. _____ for RM _____ payable to:
Institute of Marketing Malaysia in respect of Corporate Membership Subscription for the year
_____.

OR

() We shall pay via JomPAY



Biller Code: 20503
Ref-1: COMPANY / INDIVIDUAL NAME
Ref-2: PAYMENT PURPOSE

JomPAY online at Internet and Mobile Banking with your
Current, Savings or Credit Card account.

Authorised Signature:

Company Stamp:

Name:

Date: