



THE INSTITUTE OF BANKERS IN MALAWI

MEMBERSHIP APPLICATION FORM

The Chief Executive Officer
Institute of Bankers in Malawi,
Ulimi House Corner Glyn Jones & Sharpe Roads
P.O. Box 1359
BLANTYRE

Please submit my name to the Council of the Institute of Bankers in Malawi for election as; *(please specify membership type)*

- | | |
|---------------------|--------------------------|
| 1. Honorary Fellow | <input type="checkbox"/> |
| 2. Fellow | <input type="checkbox"/> |
| 3. Associate member | <input type="checkbox"/> |
| 4. Graduate member | <input type="checkbox"/> |
| 5. Diplomate member | <input type="checkbox"/> |
| 6. Ordinary Member | <input type="checkbox"/> |

I declare that I will endeavor to promote the image and integrity of the Institute of Bankers in Malawi and the purpose for which it was founded and that I will uphold the rules of the Institute, until such a time I voluntarily withdrawal my membership upon giving a reasonable written notice to the Council that I shall be freed from this obligation.

I wish my membership to commence from (DD/MM/YEAR) and I have enclosed the full membership fee.

Signed.....**Date**.....

PERSONAL DETAILS

**Please use capital letters*

(MR, MRS, MISS etc)

SURNAME

OTHER NAMES

BIRTH DATE

ADDRESS

.....

TELEPHONE NUMBER

E-MAIL

I declare that the details given above are correct

PLEASE ATTACH A RECENT CLEAR AND COLOUR PASSPORT SIZE PHOTOGRAPH.

ANNUAL MEMBERSHIP FEE

Member Category	Fee (MWK)
Honorary Fellow	150,000
Fellow	65,000
Associate member	50,000
Graduate member	35,000
Diplomate member	30,000
Ordinary Member	30,000

PAYMENT

All Payments must be made by bank certified cheque or direct deposit to Institute of Bankers Bank A/c No. 0200411009 at First Merchant Bank, Blantyre Branch.

OFFICE USE ONLY

ACCEPT/REJECT

MEMBERSHIP NUMBER

DATE