



MAP Membership Form 2010

Please fill in your details clearly in capital letters:

Name: _____

Postal Address:

Home No.: _____

Mobile No.: _____

Work No.: _____

E-mail Address: _____

CPCM Registration No. : _____

Full Membership – € 25

Associate Membership – € 20

Kindly fill in the box if you do not wish your name to appear on the MAP website

(For official use only)

Name: _____

F.M.

Membership No.: _____

A.M.

Cash:

Cheque:

Bank: _____ Chq No.: _____

Treasurer: _____

Date: ____/____/____