



ASSOCIATION OF WOMEN LAWYERS

H-2-12, Block H, Plaza Damas,
Jalan Sri Hartamas 1, 50480 Kuala Lumpur

MEMBERSHIP FORM

Name: _____

Work Address/Institution: _____

Home Address: _____

Tel No.: (H/P) _____ (Off) _____

Email Address: _____

Brief Description about yourself:

Qualification: _____ Occupation: _____

Language(s): _____

Areas of interest (in law): _____

*Registration fee for ordinary/associate Members: **RM10***

*Annual fee for ordinary members: **RM 30***

*Annual fee for associate members: **RM10***

Kindly transfer the fee into our **Maybank** account No. **5142 5352 4382**

(Alternatively issue a cheque in favour of "**The Association of Women Lawyers Sel & FT**")

Email your membership form and proof of payment to: awlmsia@gmail.com

Enclosed herewith is cash/cheque in the sum of: _____

Signed: _____ Dated: _____