

MEMBERSHIP APPLICATION FORM

(Please write in block letters)

I would like to enroll as a member of the Malta Association of Small Shareholders.

NAME AND S	URNAME:				
ID NUMBER:					
POSTAL ADD	RESS:				
E-MAIL ADRE	ESS:				
TELEPHONE:	<u> </u>				
ID NUMBER:					
NEWSLETTE	R SEND BY:	POST M	IAIL	E-MAIL	
	questions furthe	r, kindly get in touch wit g.mt tion of Small Sharehold	h us on:	e financial markets via post / email.	
, ida 1000.	C/o Malta Sto Garrison Cha	ck Exchange (MSE) pel, Castille Place,			
	Valletta VLT				
Membership Fee for 2 years: €10			Me	Membership Fee for 5 years: €20	
If you like to ass	sist to the Comm	ittee of MASS in any of	the areas indicated	below, please mark as applicable:	
Newsletter []	Adm	inistrative help []	Website []		
•	ed, hereby decla bsequent amend	•	he present statute o	of Malta Association of Small Shareholders	
Applicant signa	ture:				