



Send completed Form together with cheque made payable to "FIABCI SINGAPORE"  
and mail to 110 Middle Road #09-00, Chiat Hong Building, Singapore 188968

Tick ONE only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership Type	Principal Member	Public Sector Member	Academic Institution Member	Corporate Member	Individual Member		Young Member (35 years old & below)	
					Local	Overseas	Local	Overseas
Entrance Fee	S\$1,000	S\$500	S\$500	S\$500	S\$100	S\$100	S\$50	S\$50
Subscription	S\$2,000	S\$500	S\$500	S\$500	S\$150	S\$400	S\$80	S\$200

### MEMBERSHIP APPLICATION FORM

Individual / Young Member					
Name (as in NRIC/Passport)		English Name (if any)			
NRIC/Passport No (Please attach copy)		Date of Birth		Citizenship	
Home Address				Postal Code	
Company				Designation	
Office Address				Postal Code	
Contact Nos (Mobile)				(Office)	
Email				Mailing <input type="checkbox"/> Home <input type="checkbox"/> Office	
Name of Institution(s) to which you are affiliated to: <input type="checkbox"/> APFM <input type="checkbox"/> SIA <input type="checkbox"/> SISV <input type="checkbox"/> SAEA <input type="checkbox"/> GRES <input type="checkbox"/> NA					
*Principal / Corporate / Public Sector / Academic Institute Member					
Name of Organisation				*ROS/UEN (Attach copy of Biz Info)	
Nature of Business					
Name of Representatives with designation – Principal(5); Public Sector(3); Academic Institute(3); Corporate(2)					
1)			4)		
2)			5)		
3)					
Address					
Contact Person				Designation	
Contact Nos: (Main)		(DID)		(Mobile)	
Email					

Signature : .....

Date: .....

Office Use Only: Date Approved .....

MemNo.....