



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\$250 | 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.....