

ASSOCIATE MEMBERSHIP APPLICATION FORM

Part A : COMPANY'S PARTICULARS

Name of Company _____

Correspondence Address _____

Tel _____ Fax _____ Email _____

UEN/ ROC No. _____ Website _____

Part B : CONTACT DETAILS

Chief Executive Officer, C:01

Name: *Dr/Mr/Mrs/Mdm/Ms _____ (_____)
Designation

Email Address: _____ DID: _____ Fax: _____

Mobile: _____ Preferred mode of communication/correspondence: Fax Email Mail

General Contact Person, C:03

Name: *Dr/Mr/Mrs/Mdm/Ms _____ (_____)
Designation

Email Address: _____ DID: _____ Fax: _____

Mobile: _____ Preferred mode of communication/correspondence: Fax Email Mail

HR/IR Related Activities, C:04

Name: *Dr/Mr/Mrs/Mdm/Ms _____ (_____)
Designation

Email Address: _____ DID: _____ Fax: _____

Mobile: _____ Preferred mode of communication/correspondence: Fax Email Mail

Feedback (government policies, regulations, FTAs etc), C:05

Name: *Dr/Mr/Mrs/Mdm/Ms _____ (_____)
Designation

Email Address: _____ DID: _____ Fax: _____

Mobile: _____ Preferred mode of communication/correspondence: Fax Email Mail

Industry Related Activities, C:06

Name: *Dr/Mr/Mrs/Mdm/Ms _____ (_____)
Designation

Email Address: _____ DID: _____ Fax: _____

Mobile: _____ Preferred mode of communication/correspondence: Fax Email Mail

Market (Country) Related Activities, C:07

Name: *Dr/Mr/Mrs/Mdm/Ms _____ (_____)
Designation

Email Address: _____ DID: _____ Fax: _____

Mobile: _____ Preferred mode of communication/correspondence: Fax Email Mail

Billing, C:08

Name: *Dr/Mr/Mrs/Mdm/Ms _____ (_____)
Designation

Email Address: _____ DID: _____ Fax: _____

Mobile: _____ Preferred mode of communication/correspondence: Fax Email Mail

Note: If contact person is the same for the fields above, kindly indicate the 'same as C:01/03/04/05/06/07'

Part C : COMPANY PROFILE

Industry Sector

- Banking & Insurance Services Others, pls specify: _____
 Logistics Trading _____
 Manufacturing Construction _____
 Oil & Gas

Nature of Business (Please provide us with details of your business as stated in the company business profile)

Paid Up Capital (Local Companies): S\$ _____ **Annual Turnover in S\$** _____

Authorised Share Capital in S\$ _____ **Total No. of Employees** _____

Fixed Asset Investment @ net book value in S\$ _____

Ownership Type (Joint-venture/Local/Foreign, state Country): _____

Market Interest (Specify Countries): _____

Reason for Joining Membership: _____

How did you know about SBF?

- Newspaper reports about SBF and its events SBF Website Others _____

PERSON SUBMITTING FORM (C:PP)

Name: *Dr/Mr/Mrs/Mdm/Ms _____ (_____)
Designation

Mobile: _____ DID: _____ Fax: _____

Email Address: _____ Co. Stamp & Date: _____

Schedule of SBF membership fees for Associate Member

Category of Associate Members	Entrance Fees*	Annual Subscription Fees*
a. Local companies whose paid up share capital is less than \$0.5m	\$300	\$300
b. Foreign companies registered in Singapore and whose authorised share capital is less than \$0.5m		\$300
c. Associations / Chambers / Societies registered in Singapore		\$1000
d. Local and / or foreign organisations not falling under (a) or (b) or (c) above		\$500

Terms & Conditions:

*All fees are subjected to prevailing GST.

*Entrance Fee is not refundable on termination of membership

*Membership continues on an annual basis till we receive an advance 1-month written notice from the company's CEO/Director.

I, _____ (Name, Designation & Signature), hereby accept the above-mentioned terms & conditions, with the submission of this application form.

Thank you for your interest in SBF membership. Please send the completed application form to:

Singapore Business Federation
(Membership Department)
10 Hoe Chiang Road
#22-01 Keppel Towers
Singapore 089315

Tel: (65) 6827 6828

Fax: (65) 6827 6801

Email: mr@sbf.org.sg

Website: www.sbf.org.sg

* Please delete accordingly