| APPLICATION FOR MEMBERSHIP: | Individual □ Corporate | | | | |
|--|--|--|--|--|--|
| | Mark x in the appropriate □ box, see note below | | | | |
| 1. COMPANY PARTICULARS | nank X in the appropriate \(\sigma\) box, see note below | | | | |
| NAME OF ORGANISATION: | | | | | |
| UEN: | | | | | |
| BUSINESS ADDRESS : | | | | | |
| DOGELL GODE | | | | | |
| POSTAL CODE : TEL: YEAR OF INCORPORATION/REGISTRATION : | | | | | |
| TYPE OF BUSINESS: | | | | | |
| THE OF DUSINESS. | | | | | |
| E MAH ADDRECC . | | | | | |
| E-MAIL ADDRESS : | | | | | |
| 2. PERSONAL PARTICULARS (or Particular) | ulars of Nominated Corporate Representative) | | | | |
| FULL NAME: | NAME: SEX: | | | | |
| MARITAL STATUS: | | | | | |
| HOME ADDRESS: | | | | | |
| POSTAL CODE : | TEL: | | | | |
| NRIC or PASSPORT NUMBER: | TEL: | | | | |
| DESIGNATION IN ORGANISATION: | | | | | |
| DATE APPOINTED: | | | | | |
| BRIEF JOB DESCRIPTION: | | | | | |
| | | | | | |
| A CAREMICIND OFFICIONAL OUAL INCATION | | | | | |
| ACADEMIC/PROFESSIONAL QUALIFICATION | (8): | | | | |
| | | | | | |
| MEMBERSHIP OF TRADE/PROFESSIONAL ASS | OCIATIONS: | | | | |
| | | | | | |
| E MAH. ADDDEGG | | | | | |
| E-MAIL ADDRESS : | | | | | |
| *I/We confirm that all the particulars given Association immediately of any change(s). | are correct, and undertake to notify the *delete whichever is not applicable | | | | |
| for Individual Membership | for Corporate Membership | | | | |
| Signature of applicant | Signature of corporate representative | | | | |
| | | | | | |
| Date (dd/mm/year) | | | | | |
| | Corporate Applicant's Company Stamp | | | | |
| | Согрогите Аррисат в Сотрапу матр | | | | |
| | Date: | | | | |

| 3. ENTRANC | E AND ANNU | AL FEES | | | | |
|---|---|---|---|---|--|--|
| *I enclose my Ch being payment o | | | \$ ee. | | | |
| *I also agree to abide by the Constitution of the Association, if admitted. A Copy of the Constitution is available from the SACM's Secretariat on request. | | | | | | |
| The current subs | scription fees are | : | *delet | e whichever is not applicable | | |
| • INDIVIDUA | | · · | Annual: Annual: | S\$75/- ** S\$150/- ** | | |
| • CORPORAT | Entrance | S\$2UU/- | Amuai: | S\$150/- *** | | |
| All the above infor SACM reserves th **Annual fees are incomplete year of | rship is for any ind rmation must be co e right to reject an due and payable b membership. No | lividual applicant ompleted. Incom ny application wit oy 31 st January ev refund will be giv | working in the finding plete application hout giving any rery year. Fees wen upon termina | ill not be pro-rated for tion of membership. | | |
| Effective 1st Jan 2 | 020, annual fees w | ill be revised to S | \$100 for Individ | ual and S\$200 for Corporate. | | |
| | ions: re Association of BS S\$ current A/c | _ | nent | | | |
| By cheque: | Crossed and make cheque payable to Payee | | | | | |
| Method 1 | Method 1 Deposit cheque at any DBS bank branch Fill up bank details on back of cheque and deposit it at any | | | | | |
| DBS bank branch. | | | | | | |
| | Email secretariat@sacm.com.sg or whatsapp 81888695 the photocopies of front and back of cheque) | | | | | |
| Method 2 | Mail cheque to: Singapore Association of Credit Management Bukit Timah Post Office | | | | | |
| P O Box 46 Singapore 915802 | | | | | | |
| - | ransfer : Credit to secretariat@sacm.c | DBS Account No | | proof of | | |
| 1. FOR SA | CM USE ONLY | | | | | |
| Proposer | | Signature_ | | Date | | |
| Seconder | | Signature | | Date | | |
| DATE APPLICA | ATION RECEIV | ED | | | | |
| APPROVED BY THE COMMITTEE ON | | | | | | |
| PROCESSED O | N | | | | | |