Application to become an Individual Member of ISKO Singapore

PLEASE COMPLETE THIS FORM, SIGN IT AND RETURN TO:

ISKO SINGAPORE

77B Neil Road

Singapore 088903

Fax: +65 62210383

Email: iskosg@gmail.com

|  |  |
| --- | --- |
| Full Name as in Passport/IC |  |
| IC/FIN/ Passport No |  |
| Date of Birth |  |
| Residential Address |  |
| Phone |  |
| Email |  |
| Nationality |  |
| Educational Qualifications |  |
| Present Employment Status |  |
| Membership in other Societies if any |  |

I have read the Constitution of ISKO SG downloadable from <http://tinyurl.com/iskosgconstitution> and understand the rights and privileges of an Individual Member.

I understand that Individual Membership is for 12 months from the payment of the annual membership fee.

I wish to apply for membership of ISKO.

*Privacy statement: we will only use your personal information for the purposes associated with ISKO membership communications.*