Application to become an Institutional 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

|  |  |
| --- | --- |
| Name of organization |  |
| Address of organization |  |
| Type of institutional membership (1-5 nominees; 5+ nominees) |  |
| Name of authorized representative |  |
| Position of authorized representative |  |
| IC/FIN/ Passport No of authorized representative |  |
| Date of Birth of authorized representative |  |
| Contact Phone No |  |
| Contact Email |  |
| Names and emails of organizational nominees (for membership communications) |  |

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

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

I wish to apply for Institutional Membership of ISKO on behalf of my organization.

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