

# <u>Membership Application Form – Institutional Membership</u>

Annual Membership Fees of \$1 Please make cheque payable to		is payable. d Research and Education Network."
Organisation Name:		
Address:		
Tel: Fax:	Website l	JRL:
Date of Company Registration: _	//[DD/MM/YYYY	Registration No.:
Nature of Business:		
,	es, announcements, and	NTATIVE DIRECTOR/CIO of IT related department be invitations (by email, mail or fax) will be
Designation [Please tick]: ☐ Prof. ☐	Assoc. Prof. □ Asst. Prof. □	Dr. □ Mr. □ Mrs. □ Ms □ Other
Name in full:(Please write in block letters and underline	e surname)	Chinese Name: (If applicable)
Date of Birth://	_ [DD/MM/YYYY]	Gender: □ Male □ Female
NRIC/Passport No.:		Nationality:
Home Address:		
Office Address:		
Tel [Off]:	[Res]:	[H/P]:
Email Address:		Job Designation:
We hereby declare that the partic abide by the Constitution of Sing.		ION rrect and if accepted as a member, we shall
Person completing this form (e	g. PA to Director)	Main Representative
Signature		Signature
Name:		Name:
Date:		Date:

<sup>\*</sup>Please refer to SingAREN website at www.singaren.net.sg for the Constitution.



Nominee 1  Designation [Please tick]: □ Prof. □ Assoc. Prof. □ Asst. Prof. □ Dr. □ Mr. □ Mrs. □ Ms □ Other			
Name in full:	·	(	
(Please write in block letters and underla	ine surname)		(If applicable)
Date of Birth://	[DD/MM/YYYY] Gend	er:   Male  Female	•
NRIC/Passport No.:		Nationality:	
Home Address:			
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I hereby declare that the particulative Constitution of SingAREN.		correct and I have re	
Name:			
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Designation [Please tick]: ☐ Prof. ☐	☐ Assoc. Prof. ☐ Asst. P	rof.   Dr.   Mr.   Mrs.	□ Ms □ Other
Name in full:	ine surname)	(	Chinese Name: (If applicable)
Date of Birth://	[DD/MM/YYYY] Gend	ler: □ Male □ Female	
NRIC/Passport No.:		Nationality:	
Home Address:			
Tel [Off]:	[Res]:	[H/P]:	
Email Address:		Job Designation: _	
I hereby declare that the particuthe Constitution of SingAREN.		correct and I have re	
Signature			
Name:			
Date:			



Nominee 3				
Designation [Please tick]: ☐ Prof. ☐ Assoc. Prof. ☐ Assoc.				
Name in full: (Please write in block letters and underline surname)	Chinese Name: (If applicable)			
Date of Birth:/ [DD/MM/YYYY] Ge	ender: □ Male □ Female			
NRIC/Passport No.:	oort No.: Nationality:			
Home Address:				
Tel [Off]: [Res]:	[H/P]:			
Email Address:	Job Designation:			
DECL I hereby declare that the particulars given above a the Constitution of SingAREN. (Please refer to SingAR Signature				
Name:				
Date:				
Nominee 4  Designation [Please tick]: □ Prof. □ Assoc. Prof. □ Asst. Prof. □ Dr. □ Mr. □ Mrs. □ Ms □ Other				
Name in full: (Please write in block letters and underline surname)	Chinese Name: (If applicable)			
	(If applicable)			
(Please write in block letters and underline surname)	(If applicable) ender: □ Male □ Female			
(Please write in block letters and underline surname)  Date of Birth:/ [DD/MM/YYYY] Ge	(If applicable) ender: □ Male □ FemaleNationality:			
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Nominee 5				
Designation [Please tick]: ☐ Prof. ☐ Assoc. Prof. ☐ Asst. Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms ☐ Other				
Name in full:	Chinese Name: (If applicable)			
Date of Birth:/ [DD/MM/YYYY	] Gender: □ Male □ Female			
NRIC/Passport No.:	port No.: Nationality:			
Home Address:				
Tel [Off]: [Res]:	[H/P]:			
Email Address:	Job Designation:			
I hereby declare that the particulars given above	CLARATION we are correct and I have read and agree to abide by gAREN website at www.singaren.net.sg for the Constitution)			
Name:				
Date:	<u> </u>			
Nominee 6  Designation [Please tick]:  Prof. Assoc. Prof. Assoc. Prof. Dr. Mr. Mrs. Mrs. Mrs. Other				
Name in full:	Chinese Name: (If applicable)			
Date of Birth:/ [DD/MM/YYYY] Gender: □ Male □ Female				
NRIC/Passport No.:	Nationality:			
Home Address:				
Tel [Off]: [Res]:	[H/P]:			
Email Address:	Job Designation:			
DECLARATION  I hereby declare that the particulars given above are correct and I have read and agree to abide by the Constitution of SingAREN. (Please refer to SingAREN website at www.singaren.net.sg for the Constitution)  Signature				
Name:	_			
Date:	<u></u>			



Nominee 7				
Designation [Please tick]: ☐ Prof. ☐ Assoc. Prof. ☐				
Name in full:	Chinese Name: (If applicable)			
Date of Birth:/[DD/MM/YYYY	∕] Gender: □ Male □ Female			
NRIC/Passport No.:	Passport No.: Nationality:			
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Notes to the proof of the proo	lominee 8 Asst. Prof. □ Dr. □ Mr. □ Mrs. □ Ms □ Other			
	Chinese Name: (If applicable)			
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NRIC/Passport No.:	Nationality:			
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Date:				



Nominee 9				
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me) Chinese Name: (If applicable)				
MM/YYYY] Gender: □ Male □ Female				
No.: Nationality:				
[H/P]:				
Job Designation:				
<b>DECLARATION</b> I hereby declare that the particulars given above are correct and I have read and agree to abide by the Constitution of SingAREN. (Please refer to SingAREN website at www.singaren.net.sg for the Constitution)				