



Singapore
Advanced Research
and Education Network

Membership Application Form – Institutional Membership

Annual Membership Fees of \$1,070.00 (GST inclusive) is payable.
Please make cheque payable to “**Singapore Advanced Research and Education Network.**”

Organisation Name: _____

Address: _____

Tel: _____ Fax: _____ Website URL: _____

Date of Company Registration: ___/___/___ [DD/MM/YYYY] Registration No.: _____

Nature of Business: _____

MAIN REPRESENTATIVE

(IMPORTANT: SingAREN recommends that the CEO/DIRECTOR/CIO of IT related department be the representative, as all notices, announcements, and invitations (by email, mail or fax) will be addressed to the main nominated representative.)

Designation [Please tick]: Prof. Assoc. Prof. Asst. Prof. Dr. Mr. Mrs. Ms Other ____

Name in full: _____ Chinese Name: _____
(Please write in block letters and underline surname) *(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: _____

DECLARATION

We hereby declare that the particulars given above are correct and if accepted as a member, we shall abide by the Constitution of SingAREN*.

Person completing this form (eg. PA to Director)

Main Representative

Signature

Signature

Name: _____

Name: _____

Date: _____

Date: _____

*Please refer to SingAREN website at www.singaren.net.sg for the Constitution.



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Nominee 1

Designation [Please tick]: Prof. Assoc. Prof. Asst. Prof. Dr. Mr. Mrs. Ms Other ____

Name in full: _____ Chinese Name: _____
(Please write in block letters and underline surname) *(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: _____

Nominee 2

Designation [Please tick]: Prof. Assoc. Prof. Asst. Prof. Dr. Mr. Mrs. Ms Other ____

Name in full: _____ Chinese Name: _____
(Please write in block letters and underline surname) *(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: _____



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Nominee 3

Designation [Please tick]: Prof. Assoc. Prof. Asst. Prof. Dr. Mr. Mrs. Ms Other ____

Name in full: _____ Chinese Name: _____
(Please write in block letters and underline surname) *(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: _____

Nominee 4

Designation [Please tick]: Prof. Assoc. Prof. Asst. Prof. Dr. Mr. Mrs. Ms Other ____

Name in full: _____ Chinese Name: _____
(Please write in block letters and underline surname) *(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

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Signature

Name: _____

Date: _____



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Nominee 5

Designation [Please tick]: Prof. Assoc. Prof. Asst. Prof. Dr. Mr. Mrs. Ms Other ____

Name in full: _____ Chinese Name: _____
(Please write in block letters and underline surname) *(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

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Signature

Name: _____

Date: _____

Nominee 6

Designation [Please tick]: Prof. Assoc. Prof. Asst. Prof. Dr. Mr. Mrs. Ms Other ____

Name in full: _____ Chinese Name: _____
(Please write in block letters and underline surname) *(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

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Signature

Name: _____

Date: _____



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Nominee 7

Designation [Please tick]: Prof. Assoc. Prof. Asst. Prof. Dr. Mr. Mrs. Ms Other ____

Name in full: _____ Chinese Name: _____
(Please write in block letters and underline surname) *(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: _____

Nominee 8

Designation [Please tick]: Prof. Assoc. Prof. Asst. Prof. Dr. Mr. Mrs. Ms Other ____

Name in full: _____ Chinese Name: _____
(Please write in block letters and underline surname) *(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: _____



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Nominee 9

Designation [Please tick]: Prof. Assoc. Prof. Asst. Prof. Dr. Mr. Mrs. Ms Other ____

Name in full: _____ Chinese Name: _____
(Please write in block letters and underline surname) *(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: _____