



Singapore
Advanced Research
and Education Network

Membership Application Form – Institutional Membership

Annual Membership Fee of S\$1,000.00 (before 7% GST) is payable.

Please indicate the payee as: "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: _____

BILLING CONTACT

Please fill in the particulars of the contact person for billing issues.

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Address: _____
(If different from the organisation address stated above)

Tel [Off]: _____ [H/P]: _____

Email Address: _____

Job Designation: _____

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.)

Salutation (*Mr/ Ms/Dr/ Prof): _____
*(*Please indicate, as applicable)*

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Address: _____
(If different from the organisation address stated above)

Tel [Off]: _____ [H/P]: _____

Email Address: _____

Job Designation: _____



Singapore
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and Education Network

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.

Nominee 1

Salutation (*Mr/ Ms/Dr/ Prof): _____
*(*Please indicate, as applicable)*

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Tel [Off]: _____ [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 2

Salutation (*Mr/ Ms/Dr/ Prof): _____
*(*Please indicate, as applicable)*

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Tel [Off]: _____ [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 3

Salutation (*Mr/ Ms/Dr/ Prof): _____
*(*Please indicate, as applicable)*

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Tel [Off]: _____ [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 4

Salutation (*Mr/ Ms/Dr/ Prof): _____
*(*Please indicate, as applicable)*

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Tel [Off]: _____ [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 5

Salutation (*Mr/ Ms/Dr/ Prof): _____
*(*Please indicate, as applicable)*

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Tel [Off]: _____ [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 6

Salutation (*Mr/ Ms/Dr/ Prof): _____
*(*Please indicate, as applicable)*

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Tel [Off]: _____ [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 7

Salutation (*Mr/ Ms/Dr/ Prof): _____
*(*Please indicate, as applicable)*

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Tel [Off]: _____ [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 8

Salutation (*Mr/ Ms/Dr/ Prof): _____
*(*Please indicate, as applicable)*

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Tel [Off]: _____ [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 9

Salutation (*Mr/ Ms/Dr/ Prof): _____
*(*Please indicate, as applicable)*

Name in full: _____
(Please indicate your surname in CAPITAL letters)

Tel [Off]: _____ [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: _____