

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

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:



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 Con-	stitution.
Nomine	e 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:	
DECLARA	TION
I hereby declare that the particulars given above are corr the Constitution of SingAREN. (Please refer to SingAREN webs	rect and I have read and agree to abide by
Signature	
Name:	
Date:	



Nominee 2
Salutation (*Mr/ Ms/Dr/ Prof):
Salutation (*Mr/ Ms/Dr/ Prof): (*Please indicate, as applicable)
Name in full:
Tel [Off]: [H/P]:
Email Address:
Job Designation:
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Signature
Name:
Date:
Nominee 3
Salutation (*Mr/ Ms/Dr/ Prof): (*Please indicate, as applicable)
Salutation (*Mr/ Ms/Dr/ Prof):
Salutation (*Mr/ Ms/Dr/ Prof): (*Please indicate, as applicable) Name in full:
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Salutation (*Mr/ Ms/Dr/ Prof): (*Please indicate, as applicable) Name in full: (Please indicate your surname in CAPITAL letters) Tel [Off]: [H/P]:
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:
Salutation (*Mr/ Ms/Dr/ Prof): (*Please indicate, as applicable) Name in full: (*Please indicate your surname in CAPITAL letters) Tel [Off]: Email Address: Job Designation: DECLARATION I hereby declare that the particulars given above are correct and I have read and agree to abide by
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Nominee 4
Salutation (*Mr/ Ms/Dr/ Prof):(*Please indicate, as applicable)
Name in full:
Tel [Off]: [H/P]:
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Name:
Date:
Nominee 5
Nominee 5 Salutation (*Mr/ Ms/Dr/ Prof): (*Please indicate, as applicable)
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Salutation (*Mr/ Ms/Dr/ Prof); (*Please indicate, as applicable) Name in full: (*Please indicate your surname in CAPITAL letters) Tel [oft]:	Nominee 6
Name in full: (Please indicate your surname in CAPITAL letters) Tel [Off]:	
Please indicate your surname in CAPITAL letters) Tel [Off]: [HiP]: 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	(*Please indicate, as applicable)
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Nominee 7 Salutation (*Mr/ Ms/Dr/ Prof):	Signature
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Nominee 7 Salutation (*Mr/ Ms/Dr/ Prof):	Name:
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Comparison of Constitution of SingAREN. Constitution	
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Nominee 8
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Signature
Name:
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Nominee 9
Salutation (*Mr/ Ms/Dr/ Prof):(*Please indicate, as applicable)
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