



Singapore  
Advanced Research  
and Education Network

## **Membership Application Form – Institutional Membership**

*Annual Membership Fee of S\$1,000.00 (before 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: \_\_\_\_\_

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### **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 this position to be either the CEO/DIRECTOR/IT-related CIO or Person as appointed by CEO/DIRECTOR/IT-related CIO to be the main contact point. All correspondence such as notices and invitations (by email, or WhatsApp) will be addressed to this 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: \_\_\_\_\_



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## 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](http://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](http://www.singaren.net.sg) for the Constitution)

Signature

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_



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### Nominee 2

Salutation (\*Mr/ Ms/D<sup>r</sup>/ Prof): \_\_\_\_\_  
*(\*Please indicate, as applicable)*

Name in full: \_\_\_\_\_  
*(Please indicate your surname in CAPITAL letters)*

Tel [Off]: \_\_\_\_\_ [H/P]: \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Designation: \_\_\_\_\_

### DECLARATION

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Signature

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Nominee 3

Salutation (\*Mr/ Ms/D<sup>r</sup>/ Prof): \_\_\_\_\_  
*(\*Please indicate, as applicable)*

Name in full: \_\_\_\_\_  
*(Please indicate your surname in CAPITAL letters)*

Tel [Off]: \_\_\_\_\_ [H/P]: \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Designation: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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Signature

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_