



APPLICATION FORM FOR MEMBERSHIP 入会表格

Name of Company 商号			
Company Address 公司地址			
Postal Code 邮区			
Telephone No. 电话号码		Fax No. 传真号码	
UEN No. 公司注册号码			

<input type="checkbox"/> Ordinary SGD\$500.00 per annum	<input type="checkbox"/> Corporate SGD\$750.00 per annum	<input type="checkbox"/> Associate SGD\$350.00 per annum
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REPRESENTATIVE'S PARTICULAR 代表人质料

Name 姓名		Signatory 签名	
NRIC No. 居民证号码		Date of Birth 出生日期	
Designation 职称			
Mobile No. 手机号码			
Email Address 联络网址			

RECOMMENDED BY 介绍人

Name 姓名		Signatory 签名
Name of Company 商号		Date 日期

兹愿遵照商会章程加入会员并履行下列各项:

We are willing to abide by the regulations of Healthy Food & Beverage Association to be the Members of Association and observed the following:

1. The regulation of the Association. 遵守章程条规
2. Unanimous Resolution 服从众议
3. The Obligations as a Member 尽会员义务
4. Yearly Subscription 缴纳常年会费

FOR OFFICIAL USE

Signature of President 会长签名

Signature of Secretary General 总务签名