



MEMBERSHIP APPLICATION FORM

GUIDE

1. Please complete this form and submit with a cheque for Entrance Fee, payable to: "Singapore Pest Management Association".
2. Subscription Fee (pro-rated to the next 30 June) will be invoiced upon approval of application.

MEMBERSHIP CATEGORIES

(Please tick the relevant box.)

	Entrance Fee	Annual Subscription
<input type="checkbox"/> Ordinary	\$ 500.00	\$600.00
<input type="checkbox"/> Associate	\$ 500.00	\$400.00
<input type="checkbox"/> Individual	\$ 500.00	\$400.00
<input type="checkbox"/> Individual (Student)	\$ 100.00	\$100.00
<input type="checkbox"/> Affiliate	\$ 200.00	\$200.00

PARTICULARS

Name of Company		
Correspondence Address		
Contact Nos.	Tel:	Fax:
Incorporation Details	Country:	Date:
Registration Nos.	RCB:	GST:
	NEA VCO Licence No. & date of registration:	
Chief Executive Officer	Name:	Mobile No:
Board of Directors:		

Company's Official Representative in SPMA:

Alternate Representative in SPMA:

Name: _____

Name: _____

Designation: _____

Designation: _____

Mobile No: _____

Mobile No: _____

E-mail: _____

E-mail: _____

COMPANY DATA*(Please provide the latest audited figures, whenever possible.)*

As at Financial Year Ended		
Audited Annual Turnover		
No. of Employees as at:	Managerial Staff	
	Supervisory/Confidential Staff	
	Administrative/Sales/Other Support Staff	
	Service Staff (compulsory to be licensed/certified)	
	Contract / Temporary Workers	
	TOTAL EMPLOYEES	

For the Month of		
Payroll Analysis:	Basic Salary & Overtime Payment	
	Allowance & Incentive (excludes Bonus)	
	CPF/SDF & Other Statutory Contributions	
	TOTAL PAYROLL	

DECLARATION BY APPLICANT

We hereby declare that all information given by us on this form is true and complete. We wish to apply for the Membership Category as ticked above. If our application is approved, we agree to abide by the Constitution and Code of Ethics, and give our full support to SPMA.

Company Stamp

Authorised Signature

FOR OFFICIAL USE ONLY

Proposer : Seconder :

Signature : Signature :

Date of Approval / Effective Date of Membership:

Remarks (if any) :

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Honorary Secretary

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President