



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.
3. To submit together with this application form - Latest Business Registration Profile (no later than 3 weeks) for Ordinary, Associate & Affiliate categories

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: _____
Email Address		
Registration Nos.	UEN no: _____	
NEA VCO License No.		
Chief Executive Officer	Name: _____	Mobile No: _____

Company's Official Representative in SPMA:

Name: _____

Designation: _____

Mobile No: _____

E-mail: _____

Alternate Representative in SPMA:

Name: _____

Designation: _____

Mobile No: _____

E-mail: _____

COMPANY DATA

Please provide the latest figures, whenever possible. The data collected will be kept strictly confidential.

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

Average Monthly 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