



UEN T15SS0064F

Membership Application Form

INSTRUCTIONS:

- (1) Fill in all the information in this form.
- (2) Email the completed form to sgmemsis@gmail.com.
- (3) Upon approval of membership application, you will receive an email confirmation.
- (4) Make payment of membership fees within 14 days after receiving the email confirmation.
- (5) For payment of membership fees:
 - a) Bank Transfer to OCBC Bank (Singapore)
Account Name: MEMBRANE SOCIETY IN SINGAPORE
Account Number: 695-203810-001
(Transferor shall bear all the bank transfer charges, if any)
 - b) PayNow
UEN: T15SS0064F
Name: MEMBRANE SOCIETY IN SINGAPORE
 - c) PayPal to sgmemsis@gmail.com

PLEASE TICK ONE:

- ☐ New Membership
- ☐ Renewal

Categories

☐ Corporate

One (1) Year (S\$)

☐ 500

Two (2) Years (S\$)

☐ 900



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Membership Application Form

Information of the Organization / Institution

Name of Organization / Institution:	
Website URL:	

Main Contact / Authorized Personnel of the Organization / Institution

Title (Delete where applicable):	Prof. / Dr. / Mr. / Ms. Others, please specify _____
Last (Family) Name:	
First Name:	
Job Title:	
Postal Address:	
City:	
State:	
Country:	
Zip:	
Phone:	
Fax:	
Email:	
<input type="checkbox"/> Approve to allow linking of organization's website URL from MEMSIS webpage (http://memsis.org/)	
<input type="checkbox"/> Approve to display organization's name and logo on MEMSIS webpage (MEMSIS will be in touch if a high-quality logo is needed)	



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List up to 5 employees for Regular Membership under the entitlement of Corporate Membership

(1)	
Title (Delete where applicable):	Prof. / Dr. / Mr. / Ms. Others, please specify _____
Last (Family) Name:	
First Name:	
Job Title:	
Postal Address:	
City:	
State:	
Country:	
Zip:	
Phone:	
Fax:	
Email:	



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(2)	
Title (Delete where applicable):	Prof. / Dr. / Mr. / Ms. Others, please specify _____
Last (Family) Name:	
First Name:	
Job Title:	
Postal Address:	
City:	
State:	
Country:	
Zip:	
Phone:	
Fax:	
Email:	



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(3)	
Title (Delete where applicable):	Prof. / Dr. / Mr. / Ms. Others, please specify _____
Last (Family) Name:	
First Name:	
Job Title:	
Postal Address:	
City:	
State:	
Country:	
Zip:	
Phone:	
Fax:	
Email:	



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(4)	
Title (Delete where applicable):	Prof. / Dr. / Mr. / Ms. Others, please specify _____
Last (Family) Name:	
First Name:	
Job Title:	
Postal Address:	
City:	
State:	
Country:	
Zip:	
Phone:	
Fax:	
Email:	



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Membership Application Form

(5)	
Title (Delete where applicable):	Prof. / Dr. / Mr. / Ms. Others, please specify _____
Last (Family) Name:	
First Name:	
Job Title:	
Postal Address:	
City:	
State:	
Country:	
Zip:	
Phone:	
Fax:	
Email:	