



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.
- (1) 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) PayPal to sgmemsis@gmail.com

PLEASE TICK ONE:

- New Membership
 Renewal

Categories

- | | One (1) Year (S\$) | Two (2) Years (S\$) |
|------------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Corporate | <input type="checkbox"/> 500 | <input type="checkbox"/> 900 |



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 <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)	



Membership Application Form

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:	



Membership Application Form

(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:	



Membership Application Form

(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:	



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:	