

MEMBERSHIP TYPE	
Subscription (2-year subscription excluding GST):	Ordinary Member – S\$ 300.00 for 2 years subscription
Bank / Cheque no:	For S\$

\*\*Cheque to be made payable to “Singapore Nightlife Business Association” or “SNBA”

MEMBER'S CORPORATE PARTICULARS (Please provide your latest particulars)			
Name of Organisation:			
Mailing Address:		Postal Code:	
Outlet Address:		Outlet Tel:	
Office Tel (General):		Office Fax:	
PE Licence No.		Email Address	
Names of other outlets (if part of a group)		No of outlets (if part of a group):	
Type of Outlet:	<input type="checkbox"/> Dance Club	<input type="checkbox"/> Lounge	<input type="checkbox"/> Pub
	<input type="checkbox"/> Asian/ Fusion Nightclub	<input type="checkbox"/> Expat owned Nightspot	<input type="checkbox"/> Multi concept venue
	<input type="checkbox"/> Nightspots with Live Bands	<input type="checkbox"/> Bar	
	<input type="checkbox"/> Concept bar cum Restaurant		
	<input type="checkbox"/> Others (Please specify) :		

ENTERTAINMENT SERVICES				
What best describes your entertainment provisions.				
<input type="checkbox"/> Live Acts	<input type="checkbox"/> Live Band	<input type="checkbox"/> Recorded Music	<input type="checkbox"/> DJs	<input type="checkbox"/> Celebrity DJs
<input type="checkbox"/> Hostesses (Chinese)	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Foreign Artists (Asian Fusion)	<input type="checkbox"/> Others (Please specify):	

**COMPANY REPRESENTATIVES\* All information provided will be treated as private and confidential.**

Please provide the name of the person who will represent your company and with whom to liaise with on all matters.

**Representative 1**

Name of Rep 1:	Mr/Ms/Mrs/Dr <i>(Delete where applicable)</i>		
Designation:			
Correspondence Add:			
Office Tel (DID):		Mobile:	
Office Tel (Fax):		Email:	

**Representative 2**

Name of Rep 2:	Mr/Ms/Mrs/Dr <i>(Delete where applicable)</i>		
Designation:			
Correspondence Add:			
Office Tel (DID):		Mobile:	
Office Tel (Fax):		Email:	

Name of Applicant:	Mr/Ms/Mrs/Dr <i>(Delete where applicable)</i>		
Designation:			
Office Tel (DID):			
Authorised Signature & Company Stamp			
Date:			

**FOR OFFICIAL USE ONLY**

Date joined:	Cheque Ref:		
Membership Certificate Number:			
Approved by SNBA President:	Approved by SNBA Secretary:		
Signature / Date	Signature / Date		

NB: The Management Committee may at its discretion, reject any application without assigning any reasons thereof.

FOR OFFICIAL USE ONLY					
For Month					
Item	Date	Remarks	Item	Date	Remarks
Biz Profile			Payment		
PE Licence			Cert Issued		
Pres. & Sec. Appr			Email Updated		
Invoice			Data Updated		