



For official use only
Membership number: _____

Membership Application Form

Please check Mr Ms Dr

NEW RENEWAL

Family Name _____ First Name _____ Middle Name _____

Job Title/Position _____

Company/Institution _____

Address _____

_____ Country _____ Postal Code _____

Tel No: _____ Email address _____

FIN/NRIC No. _____

Mailing address (if different from the company/institution address):

Membership Category

Full Membership (S\$ 50.00)

Corporate Membership* (S\$ 250.00)

Associate Membership (S\$ 10.00)

* **Corporate members** are entitled to nominate five (5) employees for SALAS membership. Please submit a separate form for each nominee.

Sponsorship (not required for renewal of membership)

All new applicants must be sponsored by one current Full Member of SALAS.

Sponsor's Name _____ Membership Number _____

Sponsor's signature _____ Date _____

I hereby apply for membership to the Singapore Association for Laboratory Animal Science.

Applicant's signature _____ Date _____

Method of Payment: Cheque Cash Amount enclosed S\$ _____

• Make cheque payable to **Singapore Association for Laboratory Animal Science** and write the applicant's name, address & membership category on the reverse.

• Payment must be in **Singapore Dollar** and must accompany the Membership Application Form.

• Mail completed Membership Application Form to:

Singapore Association for Laboratory Animal Science
Ghim Moh Estate Post Office, P.O. Box 047, Singapore 912732

• A receipt will be sent to the mailing address provided by the applicant.