

SALAS Membership Renewal Form



Please indicate (click) Mr Ms Dr

Office Use Only MEMBERSHIP NUMBER:

Family Name _____ First Name _____ Middle Name _____
Job Title/Position _____
Company/Institution _____
Address _____
_____ Country _____ Postal Code _____
Tel No: _____ Email address _____
NRIC/FIN No: _____
Mailing address (if different to the Institution address):

Membership category (Tick one)

Associate Membership
\$10.00

Full Membership
\$50.00

Corporate Membership
\$250.00

Method of Payment

Select a payment method: Cheque Cash

Amount enclosed S\$ _____

Applicant Signature _____ Date _____

- Make cheques payable to **Singapore Association for Laboratory Animal Science** and write your name, address & membership category on the reverse.
- Payment must be in Singapore Dollars and must accompany the Membership Application Form.

Mail completed Application form to:

Singapore Association for Laboratory Animal Science
Ghim Moh Estate Post Office,
PO Box 047,
Singapore 912732

A receipt will be issued to the mailing address above