

ASSOCIATE MEMBERSHIP APPLICATION

Type of Membership : *Corporate / Individual

PARTICULARS OF COMPANY		
Name of *Company/ Business (If applicable)		ROC/ ACRA No: (Where applicable)
Place of Business SG ()		Contact person
		Position Held
Office	Fax	Email

PARTICULARS OF APPLICANT		
Name of Applicant		NRIC No.
Position Held in Company/ Business		Date of Birth
Address SG ()		Gender * Male / Female
Tel No. *(Home / Office)	H/P No.	Email

Membership Fee (valid for the period of the financial year **07/08**) : **\$50.00** (Corporate) **\$10.00** (Individual)

Cash / Cheque

Please indicate area of interest :

- Speed
 Hockey
 Artistic
 Recreational
 Slalom
 Aggro
 Others

Applicant's Signature _____

Date Signed _____

For Official Use
Remarks