

CORPORATE MEMBERSHIP APPLICATION FORM

TYPE OF MEMBERSHIP: **Ordinary Membership** (must be a Singapore-registered company or professional firm)

Name of Company:

Title: * Prof/Dr/Mr/Mrs/Ms/Mdm

Authorised Representative Name:

Designation:

NRIC No. / Passport No:

Nationality:

Date of Birth:

Gender:

Business Address:

Mailing Address (if different from above):

Tel No.:

Fax No.:

E-mail Address:

Website address:

Business Registration No.:

No. of Employees:

Country/Year of Establishment:

Nature of Business: Public Listed Company Private Limited Partnership
 Sole Proprietorship Others

Main Business: Manufacturing Trading Services
 Others (please specify) _____

Main Business Activities:

(PLEASE LIST)

Area(s) of Interest in Ayurveda:

*I/We certify that the information given is correct to the best of my knowledge.

*I/We agree to abide by the Constitution of the Ayurveda Association of Singapore.

.....
Authorised Signatory with Company Stamp

* Delete as appropriate where applicable

Notes:

1. All information provided will be treated as confidential
2. Please attach a copy of the Registry of Companies & Businesses (RCB) Profile of your Company. For professional bodies, please send a photocopy of your company's practitioner certificate
3. Return the completed form together with cheque made payable to "Ayurveda Association of Singapore" to Blk 927, #01-171 Yishun Central 1, Singapore 760927
4. Annual Subscription: S\$120/-; (Entrance fee: S\$500/-)