

<b>For Official Use Only</b>	Date of Submission: / /								
Membership Number:	Assessment score: <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								

Please complete every section of the form. All information contained herein will be kept in strict confidence.

**SECTION A - YOUR PERSONAL DETAILS**

Title:  Prof  Dr  Mr  Mrs  Ms  Mdm  
(Please tick)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
(As in NRIC and underline surname) (To be printed on card)

NRIC/ FIN/ Passport Number: \_\_\_\_\_ Date of Birth: 

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(As in Foreigners/PRs residing in Singapore, please provide Fin No.) (DD/MM/YYYY)

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile: +65 

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 Home: +65 

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(Optional)

Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

**SECTION B - EMPLOYMENT DETAILS**

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile: +65 

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 Office: +65 

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Mailing Address Preference:  Home  Company Employment Status:  Salaried Employee  Self-employed  
 Commission Earner

**SECTION C - NATURE OF BUSINESS (Please tick)**

<input type="checkbox"/> Chemical & Process Engineering	<input type="checkbox"/> Banking / Finance / Insurance	<input type="checkbox"/> Real Estate / Building Services / Construction
<input type="checkbox"/> Hospitality & Tourism	<input type="checkbox"/> Professional Services (Accounting & Legal Services)	<input type="checkbox"/> IT & Communications
<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> General Manufacturing	<input type="checkbox"/> Education
<input type="checkbox"/> Retail and F&B	<input type="checkbox"/> Pharmaceuticals & Biotechnology	<input type="checkbox"/> Trading
<input type="checkbox"/> Electronics & Precision Engineering	<input type="checkbox"/> Transport, Logistics & Aviation	<input type="checkbox"/> Healthcare, Social & Community Services
<input type="checkbox"/> Government / Statutory Board	<input type="checkbox"/> Others, please specify: _____	

**Demographic Information:**  
(Company)

SME                       MNC                       Government / Statutory Board  
 Public                       Others, please specify: \_\_\_\_\_

**Company Structure:**

Local                       Foreign                       Joint-Venture

**Company Size:**  
(Employees)

Up to 50                       101-200                       401-800  
 51 - 100                       201-400                       Over 800

**SECTION D - REFERRALS** (You may leave this section to the Secretariat if you encounter any difficulty in getting a referral)

Referrals:	Name of Professional Member:	Company:	Contact:
1.			
2.			

**INDIVIDUAL MEMBERSHIP FEES**

Category:	Entrance & Administration Fee:	Annual Subscription Fee:
SHRI Senior Professional	S\$200	S\$180
SHRI Professional	S\$200	S\$140
SHRI Associate	S\$200	S\$100

**SECTION E - VALIDATION AND SUBMISSION APPLICATION**

- Complete all required fields on this application form and send to **membership@shri.org.sg**.
- Please attach your resume with your past and current work experiences so that we can assess your membership classification.
- Status of membership will be advised upon assessment.
- We assure you of the confidentiality of your personal particulars and information contained therein.
- The SHRI Membership Directory will only reflect your name, designation, company and email address.
- For more information, you may call the Membership Team at +65 6438 0012 on Mondays to Fridays from 8.30am to 6.30pm

I hereby certify that the above information provided is true and correct and any false statement may result in my membership being rejected/terminated. I understand my membership will not start until SHRI receives and processes my payment.

I hereby authorise, agree and consent to allow SHRI and its affiliates to use my data that is prevailing to the terms and conditions that can be found at <http://www.shri.org.sg/pdpa/>

I hereby consent to my information (my name, designation, company and email address/es) to be published in SHRI's Membership Directory.

Name & Signature of Applicant

Company Stamp

Designation: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_