

**ASSOCIATION OF SINGAPORE INSURANCE AGENTS
MEMBERSHIP APPLICATION FORM**

I APPLICATION FOR * CORPORATE / INDIVIDUAL / ASSOCIATE MEMBERSHIP

Name of Applicant : _____

Address : _____

Contact Number : Tel: _____ Fax: _____ Email: _____

II PERSONAL DETAILS OF * CORPORATE NOMINEE (S) / INDIVIDUAL

Full Name (as per NRIC) Mr/Mrs/Ms/Dr _____

NRIC / Passport No : _____ Date & Place of Birth : _____

Gender : * Male/Female Marital Status : *Single / Married

Nationality : Singapore / others, please specify : _____

Home Address : _____

Contact Number Tel : _____ Mobile : _____ Email : _____

No. of years as an Insurance Agent : _____ * Presently Full Time / Part Time

Academic Qualification : GCE () Diploma () Degree ()

Professional Qualification : _____

Membership of any other Society / Association / Grassroots Organisation

(a) _____ (b) _____ (c) _____

Name of Principles currently representing and indicate which is your Primary Principle

(a) _____ (b) _____ (c) _____

III MEMBERSHIP FEES

Annual Subscriptions Fee :

i) Founder Member - S\$100.00 (ii) Corporate Member - S\$150.00 (iii) Individual Member - S\$100.00

iv) Associate Member - S\$20.00

*** All Cheques are to be made payable to 'ASSOCIATION OF SINGAPORE INSURANCE AGENTS'**

IV DECLARATION

I / We hereby apply to become Individual / Corporate / Associate Member of the "ASSOCIATION OF SINGAPORE INSURANCE AGENTS" and agree to abide by the Rules and Regulations of the Association.

Date : _____ Signature : _____

V PROPOSER

Name of Proposer : _____ Membership No : _____

Date : _____ Signature : _____

FOR OFFICAL USE

APPROVED / DISAPPROVED

Membership No : _____

President's Signature : _____ Type of Membership : Corporate/Individual/Associate

Date : _____ Receipt No : _____

Amount Received : _____

Hon. Secretary's Signature : _____ Date : _____

Date : _____