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| To join as a member, please fill in the form below and email to info@hsias.org or post the original to |  |
| **Health Supplements Industry Association (Singapore)**18 Cross St #12-01/08China Square CentralSingapore 048423For more details, please visit [www.hsias.org](http://www.hsias.org)  |
| **Membership Application Form** |
| Membership Type & Fee(Please tick accordingly) | [ ]  | Institutional MemberSGD $1000/year | Companies based in Singapore directly or indirectly related to dealing in health supplements or health supplement products. |
|  | [ ]  | Affiliate MemberSGD $1500/year | Firm or partnership not qualified under Institutional Membership but in the related trade or business of health supplements and/or in the healthcare industry.  |
|  | [ ]  | Associate MemberSGD $600/year | Individuals who are residents of Singapore and working in a related trade or business of health supplements and/or in the healthcare industry. |
| \* New Member is subjected to a one – time administration fee of $100  |
| ***1.Company Details*** |
| Company Name | : |  |
| Address | : |  |
|  |  |  | Postal Code | : |  |
| Company Tel | : |  | Website  | : |  |
| Company Fax | : |  | Email | : |  |
| Staff Strength | : |  | UEN No | : |  |
| Company Function | : | [ ]  Manufacturer | [ ]  Distributor | [ ]  Retailer | [ ]  Other, Please Specify:  |
| Products/ Brands | : |  |
|  |
| ***2.Company Representative(s)*** - To represent the company at Annual General Meeting |
| Sal (Pls tick accordingly) | : | [ ]  Prof | [ ]  Dr | [ ]  Mr | [ ]  Ms | [ ]  Mdm | [ ]  Mrs |  |
| Full Name  | : |  | (As per IC/ passport) |
| Designation  | : |  | Email | : |  |
| DID No | : |  | Mobile No | : |  |
| IC No/ Passport No | : |  | Nationality |  |  |
|  |  |  |  |  |  |
| ***Other representatives to be added to the association mailing list***+ To receive Association News/ Industry Mailers/ Events / Invoices (Eg: Senior Mgt/ Marketing/ Regulation/ Finance Departments)\* Not applicable for Associate Membership |
| **No** | **Sal** | **Name** | **Designation** | **Mobile** | **DID** | **Email** |
| 1 |      |  |  |  |  |  |
| 2 |      |  |  |  |  |  |
| 3 |      |  |  |  |  |  |
| 4 |      |  |  |  |  |  |
| **3. Declaration**  |
| I/We, hereby declare that the particulars given in this form are true and complete. I/We wish to apply for Institutional/ Associate/ Affiliate Membership in Health Supplements Industry Association (Singapore) and if admitted, will abide by the provisions of the constitution of the association and promise to give my/our full support. |
| **Signature and/or****Company Stamp** |  | **Date** |  |
|  |  |  |  |  |  |
| **Official Use:** |
| **Proposed By** |  | **Seconder By** |  |
|  |  |  |  |
| **Status** |  | Accepted |  | Rejected |  | KIV | **Membership Commencement Date** |  |