

To join as a member, please fill in the form below and email to [info@hsias.org](mailto:info@hsias.org)



Health Supplements Industry Association (Singapore)

For more details, please visit [www.hsias.org](http://www.hsias.org)

### Membership Application Form

<b>Membership Type &amp; Fee</b> (Please tick accordingly)	<input type="checkbox"/>	<b>Institutional Member</b> SGD \$1000/ year	Companies based in Singapore directly or indirectly dealing in health supplements or health supplement products.  (Entrance fee of \$100)
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NB. 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	:	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Other, Please Specify: _____		
Products/ Brands	:	_____		

#### 2. Company Representative

- Main representative of the company

Salutation (Sal - Pls tick)	:	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Mrs				
Full Name	:	_____			(As per IC/ passport)	
Designation	:	_____	Email	:	_____	
DID No	:	_____	Mobile No	:	_____	
IC No./ Passport No.	:	_____	Nationality	:	_____	
		(Last 4 digit)				

#### 3. Up to Four Other representatives may be added to the association mailing list

+ To receive Association News/ Industry Mailers/ Events / Invoices (eg: Senior Mgt/ Marketing/ Regulation/ Finance Departments)  
 # 1 Should be the alternate for main representative.

	Salutat <sup>n</sup>	Name	Designation	Mobile	DID	Email
1						
2						
3						
4						

#### 4. Declaration

- I/We, hereby declare that the particulars given in this form are true and complete. I/We wish to apply for Institutional/ 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.
- We agree to comply to the HSIAS Code of Ethics.

**Signature and/or Company Stamp**

**Date**

For Official Use:

Proposed By _____	Seconded By _____
Status <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> KIV	Membership Commencement Date _____