



MEMBERSHIP APPLICATION FORM

Name of Company : _____

Address of Company : _____

Tel : _____ Fax : _____

Email : _____ Website : _____

Company/Business Registration No : _____

Agency License No : _____

Authorized Representative

The appointed authorized representative will be recipient of all membership mailings.

Name (Mr/Mrs/Ms) : _____

Designation : _____ Email : _____

DID : _____ Fax : _____ Mobile : _____

Company Profile

Year of Incorporation : _____

Authorised Capital : _____

Paid Up Capital : _____

- Services Provided : Recruitment & Placement
 Temporary Staffing
 Human Resource Consultancy
 Outplacement
 Payroll
 Others, please specify _____



How did you know about SSA?

- SSA members
- SSA mailers
- Papers
- Website
- Others, please specify - _____

Is your company a member of any other Staffing Association?

- Yes, please specify _____
- No

Procedure for Application and Termination

- (1) Every application for membership shall be made on the application form provided by SSA.
- (2) All completed membership form shall be submitted to membership department of SSA for approval together with a crossed cheque payable to Singapore Staffing Association for payment of subscription fee for 1 year.
- (3) Membership of the Association shall cease if a member serves 1 month written notice of resignation.

Membership Fee

The entrance fee for membership is S\$300.00 (exclusive of GST) which is payable prior to admission.
The annual subscription is \$240.00 (exclusive of GST) which is pro-rated to the remaining part of the financial year.

I certify that the above information is correct and true to the best of my knowledge.

Name and Signature of Applicant

Company Stamp and Date