



# 新加坡衛生水喉協會 SINGAPORE PLUMBING SOCIETY

117B Jalan Besar Singapore 208837 | UEN: S84SS0049K

T: (65) 6292 0111 | F: (65) 6295 6166 | E: memberships@plumbing.org.sg | W: www.plumbing.org.sg

## CORPORATE MEMBERSHIP APPLICATION FORM

Step 1: Corporate Membership No \_\_\_\_\_ Application Date: \_\_\_\_\_  
(for internal use only)

### Step 2: Company Detail

Company Name \_\_\_\_\_

Country Incorporate \_\_\_\_\_

Address1 \_\_\_\_\_

Address2 \_\_\_\_\_

Building Name \_\_\_\_\_

Postal Code \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Type Of Business: 1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

*I Certify That The Above Information Given Is Correct And True To The Best Of My Knowledge*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Company Stamp

**\*\*\*Please note that SPS will only process your application with all information provided.**



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Step 3: Representative \_\_\_\_\_ Designation \_\_\_\_\_

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Alias \_\_\_\_\_

Nationality \_\_\_\_\_ NRIC \_\_\_\_\_ Race \_\_\_\_\_

Dialect Group \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B \_\_\_\_\_

Marital status \_\_\_\_\_ Religion \_\_\_\_\_

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

### Personal Data Protection Act

#### Important Note:

By signing this membership application & membership personal particulars form, you agree that Singapore Plumbing Society may collect, use and disclose your personal data, as provided in the membership application & membership personal particulars form, or (if applicable) obtained by our organisation as a result of your membership, for the following purposes in accordance with the Personal Data Protection Act 2012 and our data protection policy.

Add Me To Emailing

If you choose not to be contacted by Singapore Plumbing Society we will not be able to provide you with the latest updates. Please mark a cross inside the box below if you choose not to be contacted.

Do Not Contact Me

*I Certify That The Above Information Given Is Correct And True To The Best Of My Knowledge*

\_\_\_\_\_  
Name Signature Date

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## CORPORATE MEMBERSHIP APPLICATION FORM

Step 1: Corporate Membership No \_\_\_\_\_ Application Date: \_\_\_\_\_  
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Step 4: Alternate Representative \_\_\_\_\_ Designation \_\_\_\_\_

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Alias \_\_\_\_\_

Nationality \_\_\_\_\_ NRIC \_\_\_\_\_ Race \_\_\_\_\_

Dialect Group \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B \_\_\_\_\_

Marital status \_\_\_\_\_ Religion \_\_\_\_\_

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