

MEMBERSHIP FORM
SINGAPORE INSTITUTE OF STATISTICS

PARTICULARS

Please print or type clearly and tick (✓) where applicable.

Salutation : Prof A/Prof Dr Mr Mrs Miss

Gender : Male Female

Family Name : _____

Given Name : _____

Date of Birth : _____ Place of Birth : _____

Nationality : _____

Education : _____

Office Address : _____

Postal Code : _____ Country : _____

Home Address : _____

Postal Code : _____ Country : _____

Contact Numbers : _____ (H) _____ (O)

_____ (F) _____ (HP)

Email : _____

Work Experience [Position/ Name of Employer]

Present : _____

Immediate Past : _____

Category of Membership

Ordinary (S\$ 30.00) - Annual

Associate (S\$ 15.00) - Annual

Student (S\$ 5.00) - Annual

Entrance Fee of S\$ 10.00 will be imposed.

Declaration by Applicant

I hereby declare that the particulars given in this form is true and complete. If my application is approved, I will abide by the constitution and give full support to the Institute. I enclose herewith, the amount of S\$_____ in the cheque (no. _____) for the membership category of (Ordinary/ Associate/ Student) made payable to **SINGAPORE INSTITUTE OF STATISTICS**, as payment of the above membership

Signature

Date

Please return this membership application form to:
Singapore Institute of Statistics
c/o Department of Statistics and Applied Probability,
Faculty of Science
National University of Singapore
S16, #07-00
6 Science Drive,
Singapore 117564

Email : sis@sis.org.sg