



# AFFILIATION MEMBERSHIP APPLICATION FORM

INDIVIDUAL ASSOCIATE MEMBERSHIP

CORPORATE ASSOCIATE MEMBERSHIP

\*Tick box where applicable

New Application

Renewal

Name of Organisation / Individual: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Co. Registration No./UEN: \_\_\_\_\_

## NOMINATED REPRESENTATIVES' DETAILS

### Representative A:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

### Representative B:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

#### **IMPORTANT:**

1. Only completed and duly signed form submitted with the following document will be processed.
  - a. Latest copy of the organisation's business profile.
2. Application will be subjected to approval from Singapore Canoe Federation (SCF).
3. SCF reserves the right to refuse any application without assigning any reason(s).

I/We declare that the information provided in this application form is true and correct and \* I/We authorise the SCF to verify the information provided with any source(s) it deems fit.

\_\_\_\_\_  
Name / Signature

\_\_\_\_\_  
Organization Stamp

\_\_\_\_\_  
Date



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 CORPORATE ASSOCIATE MEMBERSHIP

## PAYMENT

1. The annual subscriptions for individual associate members shall be **S\$300.00** per year.
2. The annual subscriptions for corporate associate members shall be **S\$600.00** per year.
3. There shall be an additional **S\$50.00** entrance fees for all new applications.
4. Payment options for the above membership application are available in the table below.

By Cheque	By Bank Transfer
Payable to <b>Singapore Canoe Federation</b> Amount: _____ Bank: _____ Cheque Number: _____ Mail to: Singapore Canoe Federation 3 Stadium Drive #01-33 Singapore 397630	Singapore Canoe Federation DBS Current Account 001-038371-0  Email to: <a href="mailto:finance@scf.org.sg">finance@scf.org.sg</a>  Please send a screenshot/bank slip and indicate your transfer date and amount.

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## FOR OFFICIAL USE

Date Received: _____ Receipt No.: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Approved By: _____ Approved Date: _____	Processed By: _____ Processed Date: _____ Membership No.: _____
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