



AFFILIATION MEMBERSHIP CHANGE OF DETAILS FORM

Please complete this form if you wish to advise the Singapore Canoe Federation (SCF) of any changes / updates relating to your personal / membership details and email it to info@scf.org.sg.

Type of Membership (please tick box where applicable):

<input type="checkbox"/> Ordinary Membership	Membership No.: _____
<input type="checkbox"/> Individual Associate Membership	Membership No.: _____
<input type="checkbox"/> Corporate Associate Membership	Membership No.: _____

PLEASE PROVIDE THE NEW CHANGES / UPDATES BELOW:

Name of Organisation / Individual: _____

Mailing Address: _____ Postal Code: _____

Telephone: _____ Co. Registration No./UEN: _____

NOMINATED REPRESENTATIVES' DETAILS (to be completed if details have changed)

Representative A:

Name: _____ Designation: _____

Email address: _____ Mobile Number: _____

Representative B:

Name: _____ Designation: _____

Email address: _____ Mobile Number: _____

1. I/We authorise the SCF to make the changes contained in this form in respect to the information provided above.
2. I/We understand that the SCF will only update changes to the membership number stated in this form.
3. I/We declare that the information provided in this 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

FOR OFFICIAL USE

Date Received: _____	Updated By: _____ Date Updated: _____
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