AFFILIATION MEMBERSHIP APPLICATION FORM

INDIVIDUAL ASSOCIATE MEMBERSHIP

| *Tick box where applicable | □ New Application | □ Renewal | |
|---|-------------------------------|--------------|--|
| Name: | | | |
| Mailing Address: | | Postal Code: | |
| Telephone: | Email Address: _ | | |
| IMPORTANT: 1. Only completed and duly sig 2. Application will be subjected 3. SCF reserves the right to re | to approval from Singapore Ca | () | |

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

Name

Signature

Date



AFFILIATION MEMBERSHIP APPLICATION FORM

INDIVIDUAL ASSOCIATE MEMBERSHIP

PAYMENT

- 1. The annual subscription for individual associate members shall be **\$\$300.00** per year.
- 2. There shall be an one-time application fee of **\$\$50.00** for all new applications.
- 3. Please see below for payment option.

By Bank Transfer/PayNow

Singapore Canoe Federation

DBS Current Account Account number: 001-038371-0 Branch code: 7171 Branch number: 001

PayNow/UEN no. S71SS0035C

Email to: finance@scf.org.sg

Please send a screenshot/bank slip and indicate your transfer date and amount.

FOR OFFICIAL USE

| Date Received: | □ Approved □ Not Approved | Processed By: |
|----------------|---------------------------|-----------------|
| Receipt No.: | Approved By: | Date Processed: |
| | Approval Date: | Membership No.: |