AFFILIATION MEMBERSHIP APPLICATION FORM CORPORATE ASSOCIATE MEMBERSHIP

*Tick box where applicable	□ New Application	□ Renewal
Name of Organisation:		
Mailing Address:		Postal Code:
Telephone:	Co. Registration N	lo./UEN:
NOMINATED REPRESENTA	TIVES' DETAILS	
Representative A:		
Name:		_ Designation:
Email address:		Mobile Number:
Representative B:		
Name:		_ Designation:
Email address:		Mobile Number:
 IMPORTANT: 1. Only completed and duly signal and the organis 2. Application will be subjected 2. Soft reserves the right to ref. 	ation's business profile. to approval from Singapore C	

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

Organisation Stamp (if applicable)

Date



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PAYMENT

- 1. The annual subscription for corporate associate members shall be **\$\$600.00** 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.: