



# AFFILIATION MEMBERSHIP CHANGE OF DETAILS FORM

Please complete this form if you wish to inform the Singapore Canoe Federation (SCF) of any changes relating to your personal / membership details and email it to [info@scf.org.sg](mailto: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 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 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	_____ Organisation Stamp (if applicable)	_____ Date
---------------------------	--	---------------

## FOR OFFICIAL USE

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