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| To join as a member, please fill in the form below and email to [info@hsias.org](mailto:info@hsias.org) or post the original to | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Health Supplements Industry Association (Singapore)**  c/o MICE Connect LLP  1 Scotts Road, #24-10 Shaw Centre Singapore 228208  For more details, please visit [www.hsias.org](http://www.hsias.org) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Membership Application Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Membership Type & Fee (Please tick accordingly) | | | | | | |  | | Institutional Member  SGD $1000/year | | | | | | | | | | Companies based in Singapore directly or indirectly related to dealing in health supplements or health supplement products. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | Affiliate Member  SGD $1500/year | | | | | | | | | | Firm or partnership not qualified under Institutional Membership but in the related trade or business of health supplements and/or in the healthcare industry. | | | | | | | | | | | | | | | | | | | | | | | |
| \* New Member is subjected to a one – time administration fee of $100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***1.Company Details*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | : | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | : | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | |  | | | | | | | | | | | | | | | Postal Code | | | | | | | | : | | |  | | | | | | | | |
| Company Tel | | | | | | : | |  | | | | | | | | | | | | | | | Website | | | | | | | | : | | |  | | | | | | | | |
| Company Fax | | | | | | : | |  | | | | | | | | | | | | | | | Email | | | | | | | | : | | |  | | | | | | | | |
| Staff Strength | | | | | | : | |  | | | | | | | | | | | | | | | UEN No | | | | | | | | : | | |  | | | | | | | | |
| Company Function | | | | | | : | | Manufacturer | | | | | | Distributor | | | | | | | Retailer | | | | | | Other, Please Specify: | | | | | | | | | | | | | | | | |
| Products/ Brands | | | | | | : | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***2.Company Representative(s)***  - To represent the company at Annual General Meeting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sal (Pls tick accordingly) | | | | | | : | | Prof | | | | Dr | | | | Mr | | | | Ms | | | | Mdm | | | | | Mrs | | | | | | | | | | |  | | |
| Full Name | | | | | | : | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (As per IC/ passport) | | | | |
| Designation | | | | | | : | |  | | | | | | | | | | | | | | | Email | | | | | | | : | | |  | | | | | | | | | |
| DID No | | | | | | : | |  | | | | | | | | | | | | | | | Mobile No | | | | | | | : | | |  | | | | | | | | | |
| IC No/ Passport No | | | | | | : | |  | | | | | | | | | | | | | | | Nationality | | | | | | |  | | |  | | | | | | | | | |
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| ***Other representatives to be added to the association mailing list***  + To receive Association News/ Industry Mailers/ Events / Invoices (Eg: Senior Mgt/ Marketing/ Regulation/ Finance Departments)  \* Not applicable for Associate Membership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No** | **Sal** | **Name** | | | | | | | | | | | **Designation** | | | | | | | | | **Mobile** | | | | | | **DID** | | | | | | | **Email** | | | | | | | |
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| **3. Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I/We, hereby declare that the particulars given in this form are true and complete. I/We wish to apply for Institutional/ Associate/ Affiliate Membership in Health Supplements Industry Association (Singapore) and if admitted, will abide by the provisions of the constitution of the association and promise to give my/our full support. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature and/or**  **Company Stamp** | | | | |  | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | |  | | | | | | | | | | |
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| **Official Use:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Proposed By** | | |  | | | | | | | | | | | | | | | | | | | | | | **Seconder By** | | | | | | | | | | |  | | | | | | |
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| **Status** | | |  | Accepted | | | | | |  | Rejected | | | | | |  | KIV | | | | | | | **Membership Commencement Date** | | | | | | | | | | | | | |  | | | | |