

To join as a member, please fill in the form below
and email to info@hsias.org

For more details, please visit www.hsias.org



Health Supplements Industry
Association (Singapore)

Membership Application Form

Membership Type & Fee (Please tick accordingly)	<input type="checkbox"/>	Institutional Member SGD \$1000/ year	Companies based in Singapore directly or indirectly dealing in health supplements or health supplement products. (Entrance fee of \$100)
	<input type="checkbox"/>		

NB. 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	:	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Retailer	<input type="checkbox"/> Other, Please Specify: _____
Products/ Brands	:				

2. Company Representative

- Main representative of the company

Salutation (Sal - Pls tick)	:	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mdm	<input type="checkbox"/> Mrs
Full Name	:						(As per IC/ passport)
Designation	:		Email	:			
DID No	:		Mobile No	:			
IC No./ Passport No.	:		Nationality	:			
		(Last 4 digit)					

3. Up to Four Other representatives may be added to the association mailing list

+ To receive Association News/ Industry Mailers/ Events / Invoices (eg: Senior Mgt/ Marketing/ Regulation/ Finance Departments)
1 Should be the alternate for main representative.

	Salutat ⁿ	Name	Designation	Mobile	DID	Email
1						
2						
3						
4						

4. Declaration

- ☐ I/We, hereby declare that the particulars given in this form are true and complete. I/We wish to apply for Institutional/ 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.
- ☐ We agree to comply to the HSIAS Code of Ethics.

Signature and/or
Company Stamp

Date

For Official Use:

Proposed By

Seconded By

Status

☐ Accepted

☐ Rejected

☐ KIV

Membership Commencement Date