(AFFILIATED TO U.I.C.H. LES CLEFS D'OR)

MEMBERSHIP APPLICATION FORM ASSOCIATE MEMBERSHIP

Applicant's Name: (In Accordance to Registration with <i>ACRA</i> , Singapore)				 Please att a recen colour	t
Position in Company:				 photogra here	ph
Passport / NRIC Number:			 		
Residential Address:					
Postal Code:			 		
Country:			 		
Contact Numbers: (Please include country and city code)					
	Email:				
Name of Company:			 		
Trading as: (If Applicable)			 		
Trading Address: (In Accordance to Registration with <i>ACRA</i> , Singapore)					
Postal Code:		Country:			
Nature of Business:			 		
Number of years in Operation	ns:				

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Representative's Name: (If Applicable) Position in Company:			Please attach a recent colour
Passport / NRIC Number:			photograph here
Residential Address:			
Postal Code:			
Country:			
Contact Numbers: (Please include country and city code)	Home:	Office:	
	Fax:	Mobile:	
	Email:		
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Note: Kindly attach Company Resume and a full copy of the ACRA Company Profile together with this application.

I/We hereby undertake to abide by the Constitution of the Society and promise to uphold the image and integrity of the Society. I also undertake not to discredit the Society and / or its members and the Executive Committee at any time.

Please note that any breach of the above-mentioned questions will result in your expulsion from the Society in accordance with the Constitution

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Applicant must be proposed and seconded by the Full Members of Les Clefs d'Or Singapore

Proposed By	Hotel	Signature		
Seconded By	Hotel	Signature		
Applicant's Signature	Company Stamp	Date		
Co. Representative's Signature	Company Stamp	Date		
Incompletely filled application	s will not be considered			

For Secretariat Use:				
Application APPROVED / NO	Γ APPROVED at the Executiv	ve Committee Meeting held on:		
Date of Meeting:				
Overall Comments:				
President's Name	Signature	Date		