



APPLICATION FOR MEMBERSHIP FORM

Note:

- (i) The SSTA membership is open to corporations or individuals who by education or experience provide competence in relevant fields of study.
- (ii) Completing the application below indicates acknowledgment and acceptance of the [membership application agreement](#). Membership is subjected to the approval of the SSTA committee. Applicants will be notified by post or email on the status of their applications. The decision of the SSTA committee shall be conclusive, final and binding on the applicant.
- (iii) Sections marked ‘*’ are mandatory. All information presented will be treated as strictly Private and Confidential.
- (iv) Upon completion of the form, please attach copies of all relevant documents. If space provided is not sufficient, kindly attach as addendum.
- (v) You will be invoiced for subscription payment once the application has been approved. The subscription fees are pro-rated over the calendar year and will be calculated from the month of your application has been accepted, to 31 December. Companies may be asked to submit additional information prior to a decision for membership to be approved.
- (vi) Questions can be directed to SSTA at (65) 6232-2371, fax (65) 6232 2300 or e-mail ssta@space.org.sg.



Singapore Space and Technology Association

Tanglin International Centre, Blk 352 #02-07/08 (Strathmore Block) Tanglin Road Singapore 247671
Tel: (65) 6472 1646 Fax: (65) 6472 1531 www.space.org.sg Co. Reg. No.: T07SS0060G

PRIVATE AND CONFIDENTIAL

*Please attach a recent
photograph of yourself*

SECTION 1*

Type of membership application (tick where appropriate):

<input type="checkbox"/> Corporate
<input type="checkbox"/> Corporate (Academic)
<input type="checkbox"/> Affiliate
<input type="checkbox"/> Professional
<input type="checkbox"/> Student

Particulars of Applicant or Corporate Representative:

Name: _____ <i>Underline Surname</i>	Job Title: _____ _____	Handphone No. : _____
NRIC/Passport No. : _____	Name of Employer: _____ _____	Office Tel: _____
Date of Birth: _____	Address of Employer: _____ _____	Office Fax: _____
Place of Birth: _____		Email Address: _____
Nationality: _____		
Residential Address: _____		



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SECTION 2 (For Corporate/Affiliate members only)

Corporation/Organisation/Affiliate's Information:

Name of Organisation: _____	Company Profile (give brief details of business): _____ _____
Address: _____ _____	_____
Date Incorporated: _____	_____
No. Of Employees: _____	_____
Nature of Business: <input type="checkbox"/> Aerospace Related <input type="checkbox"/> Non-aerospace Related	Company Turnover for Year _____: _____

SECTION 3

Academic Qualifications (Please attach copies of original certificates)			
Name of Institution	Highest Qualification obtained	Date (From/To) (dd/mm/yy)	

Relevant Work Experience			
Name of Company	Designation	Date (From/To) (dd/mm/yy)	



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Other Qualifications, Professional Status or Memberships		
Awarding Institution/Association	Description	Date Obtained (dd/mm/yy)

SECTION 4 *(For Corporate (Academic) members only)*

Tertiary Institution's Information:

Name of School: _____ _____	Contact Person: _____	Office No. : _____
Name of Faculty: _____ _____	Designation: _____	Email Address: _____
No. Of Students in Faculty: _____	Campus Address: _____ _____	



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SECTION 5 (For Student members only)

Student Program Information	
Name of Course:	Expected Completion Date:
Name of Institution Providing Training:	Location of Training:
Confirmation by Institution: We hereby confirm that the application is by a trainee/student of the organisation and currently undergoing the above training	
Name of Contact Person:	
Position:	
Company (<i>stamp</i>):	Signature:

SECTION 6*

Membership Fees	
Upon completion of the application form, please kindly indicate your acknowledgement of the membership dues that will come with your selected membership type.	
<input type="checkbox"/> Corporate	S\$2,000
<input type="checkbox"/> Corporate (Academic)	S\$1,000
<input type="checkbox"/> Affiliate	Waived
<input type="checkbox"/> Professional (Platinum)	S\$150
<input type="checkbox"/> Professional	S\$80
<input type="checkbox"/> Student	S\$20



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SECTION 7*

Declaration	
I / My Company/ My School hereby declare that the information provided in this form is true in every respect to the very best of my knowledge.	
I/My Company/ My School will observe and abide by the rules and regulations of SSTA and directions of the committee, at all times doing my utmost to preserve SSTA's status, dignity and prestige.	
Signed, _____(day) _____(month) _____(year).	
Signature _____	
Company/ School Stamp _____	

SECTION 8

For Official Use Only	
Date Application Received:	Date Reviewed:
APPROVED / REJECTED	Date Membership Details Sent:
Date Membership Fee Received:	Payment via:
Company Stamp:	<input type="checkbox"/> Cash
	<input type="checkbox"/> Cheque
Reasons for Rejection / Provisional Acceptance:	