

Membership Application Form



To apply for membership, please complete this form and send it by :

**Mail application form and cheques to
IT Service Management Forum (Singapore)
c/o 171 Chin Swee Road
#03-10 San Centre, Singapore 169877**

ALL CHEQUES TO BE CROSSED AND MADE PAYABLE TO "IT SERVICE MANAGEMENT FORUM (SINGAPORE)

General Enquiry : general@itsmf.org.sg

Types of Membership

Please tick appropriate box to indicate choice of membership:

| Category of Membership | Annual Subscription Fee (S\$) |
|--|-------------------------------|
| <input type="checkbox"/> Individual Member | \$ 200 |
| <input type="checkbox"/> Corporate 5 | \$1,000 |
| <input type="checkbox"/> Corporate 10 | \$1,500 |
| <input type="checkbox"/> Corporate Plus | \$2,000 |
| <input type="checkbox"/> Vendor 1 | \$ 500 |
| <input type="checkbox"/> Vendor 5 | \$1,500 |
| <input type="checkbox"/> Vendor 10 | \$2,500 |
| <input type="checkbox"/> Vendor Plus | \$3,750 |
| <input type="checkbox"/> Global Member | NIL |

Method of Payment

Please indicate type of payment. All Payments are to be made payable to "IT Service Management Forum (Singapore)"

| | | | |
|---|-----------------|--------|---------|
| <input type="checkbox"/> Cheque Payment | Cheque No: | Bank : | Amount: |
| <input type="checkbox"/> Money Order | Money Order No: | Bank: | Amount: |
| <input type="checkbox"/> Cash | Amount: | | |

Name of Applicant & Company Stamp

Signatory / Date

Terms and Conditions

1. Payment must be made upon submission of application form
2. itSMF reserves the right to reject any application of membership
3. itSMF Memberships will not be fully activated until full payment is received. Therefore any applicable discount will be at itSMF discretion.
4. For Corporate and Vendor category: Only Registrations with company stamp and authorised signatory will be accepted.

To be use by itSMF

| | | | |
|--------------------------|--|-------------------------|--|
| Date Received: | | Membership Approved By: | |
| Membership Processed by: | | Payment Received By: | |
| Term of Membership: | | Membership No: | |
| Remarks: | | | |

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Membership Details

Please complete all details (Incomplete info will delay the processing of application)

1. Personal Particulars

Name (Mr/Ms/Mrs/Mdm/Dr) _____
(in Block, underline Surname)

NRIC / Passport No: _____

Date of Birth: _____ Sex: Male / Female

Nationality: Singaporean Singapore PR Others
Please Specify : _____

Marital Status: Single Married Widowed
Divorced

Race: Chinese Indian Malay
Eurasian Others
Please Specify : _____

Address: _____

Home Tel no: _____ Fax No: _____

Mobile no: _____ Email address: _____

Educational Qualifications: _____

2. Employment

Please indicate current employment status: Self-Employed / Employed

Name of Employer / Company: _____

Position / Designation: _____

Office Address: _____

Office Tel no: _____ Office Fax No: _____

Office Email Address: _____

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3. Corporate & Vendor Membership Only
(Leave 1-2 blank if company nominee is to be nominated later)

Name of Company:

Office Address:

Office Tel no:

Office Fax No:

Nature of ITSM product/service:

Name of Authorised Company Official:

Position in Company:

Company Stamp / Seal :

4. Names of Other Nominees (Corporate & Vendor Membership)

| No | Name | Designation | Contact No | Email Address |
|----|------|-------------|------------|---------------|
| 1 | | | | |
| 2 | | | | |
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| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

* Please add in additional lines where required.