

MEMBERSHIP APPLICATION FORM

To : The Secretariat
Fax : 6733 1077

We hereby apply for membership in the Association of Shopping Centres (Singapore). If elected, we will abide by the Association's Constitution and will be entitled to all the privileges of membership.

Please tick: Regular Membership Associate Membership Affiliate Membership

Name of Company: _____

i) Representative: _____ Designation : _____

Tel: _____ Fax: _____ Email: _____

ii) Alternate Representative : _____ Designation : _____

Tel: _____ Fax: _____ Email: _____

Address: _____

_____ Postal Code : ()

1) Please describe your company's business activity: _____

2) If shopping centre / department store / high-rise building, please specify:

Total Net Lettable Area: _____ sq ft

Signature

Company Stamp