**APPLICATION FORM FOR MEMBERSHIP[[1]](#endnote-1)**

Dear Sir/Mdm,

***\*Underline where applicable (Bolded), please select one***

1. I wish to become a **(Student Member[[2]](#endnote-2)) / (MEMBER[[3]](#endnote-3)).\***
2. I am pleased to submit below data relating to myself, which I declare herewith as true and accurate.
3. I understand that my mailing and email addresses and phone contacts may be shared with office bearers of the Society for purposes of communications and for other legitimate purpose and hereby give my consent.
4. I understand that the Society seeks to encourage the use of floating structures as space solutions for recreational, agricultural, industrial, commercial and residential assets and values the need to protect the environment and the marine eco-system. I will support such initiatives.
5. I would be **(able) / (unable)** to volunteer my time to assist in organising events that are relevant to the promotion of the use of floating structures (including organising forums and lectures).
6. I am applying to join the Society in my **(personal capacity) / (as a representative of my company).**

|  |
| --- |
| 1. I would like to suggest that the Society should also look into the following (*please elaborate in the box below if you wish to share your views).* |

|  |  |  |
| --- | --- | --- |
| Surname / Family Name | First Name *(Name as stated on identification document)* | Mr/Ms/Dr  *(Underline)* |
| Signature | | Date |

# Particulars of Applicant

|  |  |  |  |
| --- | --- | --- | --- |
| Country of Residence | Nationality | Email/s | |
| Gender (Optional) | Date of Birth | Race | |
| Residential Address/Company Address | | | Post Code |
| Mailing Address *(Ignore if same as above)* | | | Mobile Phone No. |

# Qualification and Experience

I offer the following information for the purpose of evaluation for acceptance of this application by the Society.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of University/Institution | Country | Qualification | Year graduated |
| Name of University/Institution | Country | Qualification | Year graduated |
| Name of University/Institution | Country | Qualification | Year graduated |
| Name of School | Country | Highest level passed | Year graduated |
| I am member of the following professional bodies (*please indicate grade of membership)* | | | |

|  |  |  |
| --- | --- | --- |
| I was employed in following companies. (*Start with most recent*) *(Not applicable to student membership applicants)* | Last position held | Years |
| (1) |  |  |
| (2) |  |  |
| (3) |  |  |

**For official use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewer and signature | Approval (YES/NO) | Date | Remarks |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| Decision by President in event of a tie |  |  |  |
|  | | | |

1. Please email completed form in pdf or word format to [admin@floatingsolutions.org](mailto:admin@floatingsolutions.org) [↑](#endnote-ref-1)
2. Student members have no voting right. Annual membership subscription is waived until further notice. [↑](#endnote-ref-2)
3. Annual subscription is S$ 100. S$ 270 for 3 years. In the first year, **subscription is pro-rated**. The SFSS business year begins on 1 January. The fee is reduced by S$ 8.33 for each full month that has already passed when you join. Full members are eligible to stand for election and/or vote at such elections. [↑](#endnote-ref-3)