MEMBERSHIP APPLICATION FORM

MARKETING INSTITUTE OF SINGAPORE

Important Instructions
1. To expedite processing, please complete the form in full, attach photocopies of documents required and mail them to **Membership Dept, Marketing Institute of Singapore, Anson Centre, 51 Anson Road #03-53 Singapore 079904** or **Fax: 6327 9741**. **2.** All information given will be treated as private and confidential. **3.** We require the 'Certified True Copy' of your educational certificates to be sent to us as supporting documentation for this application. **4.** Please note that all applications for MIS Membership are subject to approval. You will be notified of the membership category assigned to you upon approval and the fees payable (Please refer to the table of membership fees for information) **5.** All applications will be processed only upon receipt of payment and supporting documents. Application form with incomplete information or no application-processing fee will not be considered. **6.** All applications will be processed within 2 weeks of receipt.

AFFILIATE (AMIS) | Any person who is taking or has completed an approved course of study or is suitably recommended for membership as determined by the Governing Council, who at the time of application is ineligible for Ordinary membership.

ORDINARY (MMIS) | Any person with more than 3 years of working or business experience in marketing or other business disciplines, and holds at least a diploma (or equivalent) in marketing or other appropriate academic or professional qualifications as determined by the Governing Council.

CORPORATE (CMIS) | Any organisation, association or body as approved by the Governing Council.

YES, I would like to be a MIS Member! ○ Affiliate ○ Ordinary ○ Corporate
*Were you referred by an existing MIS member? ○ Yes ○ No
If yes, please provide details of the member: Full Name _____ Member's NRIC/Membership No. _____

PLEASE FILL UP ALL FIELDS IN THIS FORM

I. PERSONAL DETAILS

Principal Representative (for Corporate Member)

Title Mr/Ms/Mrs/Mdm/Dr/Prof*	Name (Please underline surname)		NRIC/Fin No.
Gender M / F	Date of Birth (dd/mm/yy)	Nationality	Race
Home Address		Country	Postal Code
Contact No. (Home)	Mobile	Office	Email

II. PRESENT EMPLOYMENT

Name of Company		Designation	
Company Address		Country	Postal Code
Company Tel	Year(s) of working experience	Industry Type	

III. ACADEMIC QUALIFICATIONS

*Highest Qualification: ○ Doctorate ○ Masters ○ Degree ○ Diploma ○ Certificate ○ Other: _____
I am a graduate of the Marketing Institute ○ Yes ○ No Year Graduated _____ *Please submit a copy of your highest qualification via post, email or fax

IV. SPECIAL INTEREST GROUPS

*Please tick your areas of interest: ○ Digital Marketing ○ Branding ○ Sales ○ International Marketing

THIS PORTION IS FOR CORPORATE MEMBERSHIP ONLY

Business Registration No.	No. of Employees

V. COMPANY REPRESENTATIVES

Alternate Representative

Title Mr/Ms/Mrs/Mdm/Dr/Prof*	Name (Please underline surname)		NRIC/Fin No.
Designation	Office	Mobile	Email

Please include the following employees to receive updates from the Institute.

HR			
Name	Designation	Email	DID
Sales			
Name	Designation	Email	DID
Marketing			
Name	Designation	Email	DID
Other Department			
Name	Designation	Email	DID

VI. MODE OF PAYMENT (Please refer to table of membership fees for correct amount payable)

Total Amount Due (inclusive of GST): _____

○ **BY CHEQUE** Cheque No. _____ Bank_____ to be made payable to "**Marketing Institute of Singapore**".
Please indicate your name, NRIC and contact no. on the reverse side of cheque

○ **BY CASH** Please visit our office payment counter with this form

○ **BY CREDIT CARD** ○ VISA ○ MASTER Card no. |__|__|__|__|–|__|__|__|–|__|__|__|–|__|__|__| CVV code: |__|__|__| Expiry Date: _____(mm/yy)
○ AMEX Card no. |__|__|__|__|–|__|__|__|__|__|–|__|__|__|__| CVV code: |__|__|__|__| Expiry Date: _____(mm/yy)

Cardholder's Name _____ Cardholder's Signature _____

*Please circle/tick where appropriate

VII. DECLARATION

- I confirm that all information given is true and correct. In accepting membership, I agree to abide by the Constitution of the Institute.
- I hereby declare that the Marketing Institute of Singapore has the right to use the above information for the purpose of the membership.
- I understand that membership is subjected to approval and membership subscription fee is non-refundable.
- I understand it is my responsibility to notify the Institute of any change in my mailing/email address and other personal particulars. The Institute will not be responsible for any loss or damage that may arise due to incorrect or outdated records.

_____	_____	_____
Name of Applicant/ (Individual/Principal Representative)	Company's Stamp/Authorised Signature	Date

For enquiries, please contact MIS Membership Services at (65) 6327 7591 / 592 / 593 between 9.00am to 6.00pm from Mon-Fri, Email: membership@mis.org.sg or visit our website: www.mis.org.sg/membership

WELCOME TO THE MARKETING INSTITUTE OF SINGAPORE!