

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name: Dr / Mr / Mrs / Miss / Mdm* :
(Please underline surname)

Date of birth:

NRIC:

Gender:

Mailing Address:

Postal Code:

Email:

Mobile:

Highest Qualification:

Phone:

Singaporean/PR:

Professional Certification:

(1)

(2)

SHRI Membership: Yes/No

SHRI Membership No:

Date Joined:

EMPLOYMENT INFORMATION

Employment Status: Employed/Unemployed/Self Employed

Average Monthly Income:

Less Than \$2,000

\$2,000 to less than \$4,000

\$4000 to less than \$6,000

\$6,000 to less than \$8,000

\$8,000 and more

CAREER INTERESTS (PLEASE TICK)

Social Work

Security Management

Safety Management

Learning & Development

Human Capital

Financial Management

Digital Marketing

Sales and Business Development

Innovation

Software Development

Cyber Security

Engineering

Food & Beverage

Retail

Logistics

Consultancy

People Developer

Business Management

Healthcare

Coaching

Purchasing

Others Please specify:

MEMBERSHIP APPLICATION		
SPEC ACTIVITIES (PLEASE TICK)		
Mentor or Mentee Programme:	Overseas Internship Project	International Business:
Hospital & Surgical Insurance	Group Term Life and Critical Illness	Group Personal Accident
Consultancy:	Coaching:	Facilitation:
Outplacement:	Recruitment:	Shared Services:
Interest Group:	Professional Development Programmes:	
Others, please suggest:		
MEMBERSHIP INFORMATION (ONE MEMBER ONE VOTE)		
Number of Shares at \$1.00 each (Minimum 50 Shares and Maximum 10,000)		\$
One Time Entrance Fee from 1 July 2016:		\$ 50.00
Cheque No:	Bank	Total amount:
Cheque Payable to 'SPEC'		
For Bank Transfer to DBS 001-073921-2 "SPEC MEM", please attached a copy of bank transaction.		
NOMINATION OF SHARES		
Name:	NRIC:	Relationship:
Email:	Mobile:	100%
SIGNATURES		
I declare that the information provided above is true and correct, and agree to conform to SPEC by-laws and any amendments of the co-operative thereof.		
I agree that the personal data in this application form may be used for the processing, administration of the membership services and support provided by the co-operative.		
Signature of applicant:		Date:
Proposer Name:		Seconder Name:
Signature:		Signature
FOR OFFICIAL USE ONLY		
Date Join:	Membership Number:	Receipt No:
Checked By:	Approved By:	Signature: