



Application Form for Associate Membership

SECTION A: APPLICANT'S PARTICULARS	
Name of Applicant (Underline Surname)	NRIC/Passport No.
Address	DOB (dd/mm/yy)
	Mobile Number
Contact Email	Citizenship
Race	Sex Male / Female
SECTION B: RELEVANCE TO STRATA INDUSTRY	
Tick accordingly	
<input type="checkbox"/> New Entrant to Strata Management	<input type="checkbox"/> Student of Strata Management
<input type="checkbox"/> Strata Lot Owner (Res / Off / Com / Ind)	<input type="checkbox"/> _____
Name of Applicant's Company / Learning Institution / Management Corporation	
Name:	
Designation in Company / Appointment in MCST (if any):	

SECTION C: DECLARATION

I/We have read and declare the followings:

(1) All information stated and provided is true, complete and correct. I/We will inform ASM's Secretariat of any changes to the particulars (ie. change in address, change in employer, etc)

(2) I/We agree to abide by all the terms and conditions specified in the ASM membership rules

(3) An Associate Member shall not have any voting rights.

(4) ASM reserves the right to reject any application without providing reasons.

(5) In the event that any information provided is found to be false or misleading, ASM reserves the right to revoke the membership status with the Association.

By submitting this membership application form, I/We consent to the Association of Strata Managers (ASM) collecting, using, disclosing and retaining my/our personal data for the purposes of processing my/our membership application, administering my/our membership, and communicating matters relating to ASM activities, events and membership services. I/We understand that my/our personal data may be disclosed to authorised third parties where necessary for these purposes and in accordance with the Personal Data Protection Act 2012.

_____ Signature	_____ Date
_____ Name of Applicant	

SECTION D: FEE PAYMENT

A one time entrance fee of S\$50.00 applies.

Membership fee will be S\$50.00 per annum or prorata based on the admission date.

Member will be entitled to preferential rate of S\$50.00 per CPD class.

FOR OFFICIAL USE

Committee Recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Reject Approval Date : _____	Membership Period till _____(date) Associate Member Number _____
Mode of payment: <input type="checkbox"/> PayNow <input type="checkbox"/> Bank Transfer Date of payment:	Amount: