



MEMBERSHIP APPLICATION FORM

Membership No. _____

Effective Date: _____

The Singapore Association of Conventions and Exhibitions Organisers and Suppliers (SACEOS) is the national MICE association of Singapore. Our primary role is to contribute towards Singapore's position as a premier destination for the global Meetings, Incentive Travel, Conventions and Exhibitions and Events (MICE) industry. SACEOS works with the Singapore Government in achieving this goal, by focusing on industry training, identifying and opening business opportunities through strategic partnerships and alliances.

A. TYPES OF MEMBERSHIP (Please indicate the type of membership you wish to apply)

All applications are subject to the approval of the SACEOS Executive Committee who reserves the right to reject any application without disclosing reason.

Ordinary

Associate

Affiliate

B. CORPORATE REPRESENTATIVE INFORMATION

1. Particulars of Applicant / Representative

Name	(Dr. / Mr. / Mrs. / Ms. / Mdm.)		
Designation		Email:	
Date of Birth / Country			
Contact No.	(Tel)	(Fax)	(HP)

2. Particulars of Alternate Applicant / Representative

Name	(Dr. / Mr. / Mrs. / Ms. / Mdm.)		
Designation		Email:	
Date of Birth / Country			
Contact No.	(Tel)	(Fax)	(HP)

3. Proposer & Seconder (related to MICE Industry)

Proposed by:		Position:
Company:		
Seconded by:		Position:
Company:		

C. COMPANY INFORMATION

Company Name				ROC:
Type of Company	<input type="checkbox"/> Limited	<input type="checkbox"/> Pte Limited	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
Mailing Address				
Contacts:	Tel:		Fax:	
	Email:		Website:	
Years Associated in MICE Industry (compulsory)*:			No. of staff:	
Authorised Capital: \$	Paid up Capital: \$		Turnover (Previous Yr): \$	
Professional Membership (Co):				
Strategic Alliances:				
Standards Achieved:				
Awards Conferred:				
Reasons for joining SACEOS: *(Mandatory to state the reasons)				

Venue Owner

Hotel (No. of star rating: ____)

Total Function Rooms:	_____	Total Guest Rooms:	_____	
<u>Facility's Name</u>	<u>Capacity (no. of pax)</u>			
	Ballroom	Theatre	Banquet	Reception

Suppliers

Types of Products/Services:

Training Institutions

Name of Academic Course

Others: _____

Types of Products/Services:

Note: You may attach additional pages if space is insufficient

F. UNDERTAKING BY APPLICANT

I certify that all information made in this application form are true and accurate and will observe all the provisions of the constitution and the Association’s Code of Ethics.

Enclosed is the payment by cheque number _____ for my annual subscription of

- | | |
|--|---|
| <input type="checkbox"/> Ordinary Member (S\$1,819 nett) | <input type="checkbox"/> Associate Member (S\$856 nett) (No voting rights) |
| <input type="checkbox"/> Ordinary Member (S\$1,284 nett) | <input type="checkbox"/> Affiliate Member (S\$3,210 nett)(No voting rights) |
| <input type="checkbox"/> Ordinary Member (S\$856 nett) | |

_____ Signature of Applicant	_____ Date	_____ Company Stamp
---------------------------------	---------------	------------------------

NOTE: Please send completed form to: SACEOS Secretariat. Please attach a copy of the Company Profile from ACRA [Compulsory]. All application forms must be accompanied by cheque payable to “**SACEOS**”.

G. OFFICIAL USE

Vetted/Phone interview with Referral/Proposer:	_____ Executive Director	_____ (Signature)	_____ (Date)
Recommended by:	_____ Hon. Secretary	_____ (Signature)	_____ (Date)
Approved on:	_____	(ExCo Meeting Date)	_____
Website Update/Date:	_____		