

## CORPORATE MEMBERSHIP FORM

**Name of Company / Institution:**

Type	Activity / Main Products
(a) Services	Legal <input type="checkbox"/> Accounting <input type="checkbox"/> Training <input type="checkbox"/> Healthcare <input type="checkbox"/> Insurance <input type="checkbox"/> IT <input type="checkbox"/> Hospitality <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Others <input type="checkbox"/> (please specify)
(b) Manufacturing	
(c) Trading	
(d) Logistics	
(e) Others (please specify)	

### Contact Details

Tel:	Fax:	E-mail:	Website:
Address:			
Contact Person(s)	Name	Position	E-mail

Area(s) of interest (please tick)	Remarks
1. Cash contribution <input type="checkbox"/>	
2. Project Collaboration <input type="checkbox"/>	
3. Staff Participation in Projects <input type="checkbox"/> Approx. No. of Employees:	
4. Others (please state)	

**Name of management**

**Signature**

**Date:**

**For Office Use Only**