



**Singapore Association for
Laboratory Animal Science**

**Ghim Moh Estate Post Office
PO Box 047
Singapore 912732**

Membership Application Form

Please check Mr Ms Dr NEW RENEWAL Membership Year _____

Surname _____ First Name _____ Middle Name _____

Job Title/Position _____

Company/Institution _____

Company Address _____

_____ Country _____ Postal Code _____

Tel No: _____

Personal Email address _____ Office Email address _____

Mailing address (if different from the company/institution address):

Membership Category

Full Membership (S\$ 25.00) Corporate Membership* (S\$ 250.00)

* **Corporate members** are entitled to nominate five (5) employees for SALAS membership. Please submit a separate form for each nominee.

Modes of Payment:

(1) Cheque paid to SINGAPORE ASSOCIATION FOR LABORATORY ANIMAL SCIENCE

(2) Fund Transfer (FT) to OCBC (*Overseas-Chinese Banking Corporation Limited*)

Payee Bank Code: 7339

Payee Branch Code: 552

Payee Account Number: 552-712226001

Account Name: SALAS

(3) For overseas delegates you can pay thru Telegraphic Transfer (TT):

Bank Name : **Oversea-Chinese Banking Corporation Limited**

Address : **65 Chulia Street, OCBC Centre, Singapore 049513**

SWIFT Code : **OCBCSGSG**

Beneficiary Info

Account Name : **SINGAPORE ASSOCIATION FOR LABORATORY ANIMAL SCIENCE**

Account Number / CCY : **552-712226001 SGD**

Send this application form to secretary@salas.sg. If you are doing a local fund transfer, include a copy of the transaction.

I hereby apply for membership to the Singapore Association for Laboratory Animal Science.

Applicant's signature _____ Date _____