



Membership Registration Form (Individual)

- NEW
- RENEWAL
- Associate Member
- Affiliate Member

| | | |
|-----------------------|--------|----------|
| Name of Member | | Sex |
| Residential Address | | |
| Telephone No (Office) | (Home) | (Mobile) |
| Email | | |

Name of Company

Company Address

Designation

Description of Profession if Self-Employed

Associate/ Affiliate Individual Membership Annual Subscription: S\$180 Cheques payable to Magazine Publishers Association Singapore

Recommended by _____

Signature of Ordinary Member Date

Signature of Associate/ Affiliate Member Date

***Please fax this form to: +65 6224 3225
or send complete form to: James See,
MPAS, 163 Tras Street #10-03
Lian Huat Building, Singapore 079024***

FOR OFFICIAL USE

Corporate Membership Approved/ Date _____ Membership No. _____

