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MEMBERSHIP APPLICATION FORM

Please read the Membership Information overleaf carefully before completing the form.

Type of Membership [] **Associate** Annual Fee: SGD\$150
[] **Corporate** Annual Fee: SGD\$1500

1. APPLICANT'S PARTICULARS

[] Mr. [] Mrs. [] Ms. [] Mdm. [] Dr. [] Prof.

Full name as in NRIC/Passport: _____

Surname: _____ Given Name: _____

NRIC/Passport No: _____ Date of Birth: _____

Nationality: _____ Occupation: _____

Gender: [] Male [] Female Marital Status: [] Single [] Married

Highest Education Attained: _____

Company Name (if any): _____

Type of Business: _____ Position/Job Title: _____

Address: _____

Postal Code: _____

Tel No: _____ Fax No: _____ Mobile No: _____

Email: _____

DECLARATION BY APPLICANT

I, the applicant, have understood the above listed and declare that the particulars in this application are correct.
I, the applicant, understand that I am personally liable for the payment of the membership dues and charges incurred by me.
I, the applicant, agree to comply with and be bound by the Constitution, Rules and Regulations of the Association.

Please tick: [] **YES! I would like to apply for the IBICA Membership.**

ONLINE MEMBERSHIP PAYMENT

Upon approval, a **Paypal** payment notification will be sent to the email you have provided above.

Signature of Member: _____ Date: ____/____/____