



A SOCIAL ENTERPRISE FOR PMETS

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name: Dr / Mr / Mrs / Miss / Mdm* :
(Please underline surname)

Date of birth:	NRIC:	Gender:
Mailing Address:		Postal Code:
Email:		Mobile:
Highest Qualification:	Phone:	Singaporean/PR:
Professional Certification:	(1)	(2)
SHRI Membership: Yes/No	SHRI Membership No:	Date Joined:

EMPLOYMENT INFORMATION

Employment Status: Employed/Unemployed/Self Employed

Average Monthly Income:	Less Than \$2,000	\$2,000 to less than \$4,000
\$4000 to less than \$6,000	\$6,000 to less than \$8,000	\$8,000 and more

CAREER INTERESTS (PLEASE TICK)

Social Work	Security Management	Safety Management
Learning & Development	Human Capital	Financial Management
Digital Marketing	Sales and Business Development	Innovation
Software Development	Cyber Security	Engineering
Food & Beverage	Retail	Logistics
Consultancy	People Developer	Business Management
Healthcare	Coaching	Purchasing

Others Please specify:

SPEC

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MEMBERSHIP APPLICATION		
SPEC ACTIVITIES (PLEASE TICK)		
Mentor or Mentee Programme:	Overseas Internship Project	International Business:
Hospital & Surgical Insurance	Group Term Life and Critical Illness	Group Personal Accident
Consultancy:	Coaching:	Facilitation:
Outplacement:	Recruitment:	Shared Services:
Interest Group:	Professional Development Programmes:	
Others, please suggest:		
MEMBERSHIP INFORMATION (ONE MEMBER ONE VOTE)		
Number of Shares at \$1.00 each (Minimum 50 Shares and Maximum 10,000)		\$
One Time Entrance Fee from 1 July 2016:		\$ 50.00
Cheque No:	Bank	Total amount:
Cheque Payable to 'SPEC'		
For Bank Transfer to DBS 001-073921-2 "SPEC MEM", please attached a copy of bank transaction.		
NOMINATION OF SHARES		
Name:	NRIC:	Relationship:
Email:	Mobile:	100%
SIGNATURES		
I declare that the information provided above is true and correct, and agree to conform to SPEC by-laws and any amendments of the co-operative thereof.		
I agree that the personal data in this application form may be used for the processing, administration of the membership services and support provided by the co-operative.		
Signature of applicant:		Date:
Proposer Name:		Seconder Name:
Signature:		Signature
FOR OFFICIAL USE ONLY		
Date Join:	Membership Number:	Receipt No:
Checked By:	Approved By:	Signature: