

## Membership Application Form (Associate) 会员申请表格

### Personal Details

Full Name 姓名 : \_\_\_\_\_ Gender : Male 男 / Female 女  
NRIC / FIN NO. : \_\_\_\_\_ Date of Birth 出生日期 : \_\_\_\_\_  
Mobile No. 手机号码 : \_\_\_\_\_ Country 国家 : \_\_\_\_\_  
Nationality 国籍 : \_\_\_\_\_  
Address 地址 : \_\_\_\_\_  
\* Email 电邮 : \_\_\_\_\_ (For website account 进入网页)

### Work Details

Company Name 公司名称: \_\_\_\_\_  
Company Address 公司地址: \_\_\_\_\_  
UEN No. : \_\_\_\_\_  
Nature of Business 业务性质: \_\_\_\_\_  
Years Established 成立年份: \_\_\_\_\_  
No. of Employees 员工人数: \_\_\_\_\_

I hereby declare that all the above information provided are true and I am aware that my details would automatically be included into the HACOS Register system. I will abide by the association's rules and regulations at all times.

我本人在此声明，以上所填写的资料是真实的，我清楚了解我所提供的资料将会自动存纳入 HACOS 发型美容协会（新加坡）的登记程序，并加于保留库存。我也理解 HACOS 收取我的资料是为了提供给我最新资讯和做业界的相关用途。我会在任何时候都遵守该协会的规章制度。

\*所有 HACOS 会员申请表格须经由理事会批准。如果申请者不获予审批，HACOS 将不另行通知且所支付的会费将被撤销。理事会的决定将是最终决定。

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Verified Stamp & Date



Official Receipt No.: \_\_\_\_\_

Membership Type : Associate \$120.00 / per year

Payment by : \_\_\_\_\_

Verified Stamp & Date: \_\_\_\_\_