Membership Application Form (Individual) 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 : _____

Position 职位 : (Employee 雇员 /Owner 雇主/Freelance 自由业余) Others: _____

Qualifications 学历 : _____

Years in experience 工作年约 : _____

Profession : (Hair / Beauty / Make-Up / Nails) Professional

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讯息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

HACOS
Hair & Cosmetology Association (Singapore)
新加坡发型美容协会

Official Receipt No.: _____

Membership Type : Individual $20.00 / per year

Payment by :_____

Verified Stamp & Date: _____ _____

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