



Professional/Associate Membership Application 2021

(please tick the appropriate box)

New Application for: Professional member

Associate member

Affix
Recent
Photograph
Here

(or email to
membershipadmin@siso.org.sg
accompanied with Name and
NRIC/PP No.)

Note:

- For Professional Membership Application, applicant must be a registered WSHO with the Ministry of Manpower
- Please complete the form in full and submit to SISO at the above address
- Provide front and back copies of 1) Highest/Related Qualifications and 2) WSHO Registration Card (if any)
- Payment for the membership fees of \$107.00 (for application Jan-Jun) OR \$64.20 (for application Jul-Dec) should accompany this application. For cheque, it is to be made payable to SISO
- Alternatively, you can made payment via PayNow – UEN S75SS0006D or Internet Banking DBS Acc no. 070-002357-1
- Please email the payment receipt to SISO for payment through PayNow & Internet Banking.
- All information given will be treated as private and confidential under the Personal Data Protection Act (PDPA 2012)

PERSONAL PARTICULARS (IN BLOCK LETTERS)

Name (as shown in NRIC/PP):			
Date of Birth:	Phone (Home):	Phone (HP):	
Residential Address (in Singapore):		NRIC last 4 Digit No (Eg.123A):	
Postal Code:	Nationality:	Country of Birth:	
Sex: Male/Female	Marital Status:	Personal E-mail:	
WSHO Registration No. (if any):	WSHO Expiry Date):	Application for the year: 2021	

EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:		Postal Code:
Office Phone:	Office E-mail:	Fax:
Industry: Construction / Consulting / Educational Institution / Healthcare / Hospitality / Landscaping / Logistics / Marine / Manufacturing / Oil & Gas / Pharmaceutical / Research Institution / Retail / Sports / Others (please specify):		
Years in Industry:		
Applicant's Job Title:		Date Joined (DD/MM/YY):
Reporting to		
Name:		Job Title:

ACADEMIC QUALIFICATIONS

College / University / Institution	Highest Qualifications	Year	
		From	To

PROFESSIONAL QUALIFICATIONS

Institution	Name of Qualification	Year Obtained

MEMBERSHIP IN OTHER PROFESSIONAL SAFETY AND HEALTH ORGANISATIONS (IF ANY)

Name of Organisation	Year Joined	Membership Category

WORK EXPERIENCE

Name of Company	Designation	Year	
		From	To

INTERESTS

Please select your interests

- | | |
|--|---|
| <input type="checkbox"/> Conferences, seminars and workshops | <input type="checkbox"/> Courses related to WSH |
| <input type="checkbox"/> Members' networking sessions | <input type="checkbox"/> Other courses (Please indicate: _____) |
| <input type="checkbox"/> SISO merchandise | |
| <input type="checkbox"/> SISO quarterly magazine (Safety Matters) *Please circle if you would like the softcopy or hardcopy version. | |

DECLARATION

I wish to apply for admission as Professional / Associate Member of the Singapore Institution of Safety Officers and confirm that all the information given above is true and correct.

I undertake to abide by the Constitution and Code of Ethics of the Singapore Institution of Safety Officers, as they now exist, or as may hereafter be amended, so long as I remain a member of SISO. I will accept as final and binding the decision of the Executive Committee of the Institution on all matters dealt with by them in accordance with the Constitution and the Code of Ethics. I agree to be contactable by SISO on membership matters via email, phone or fax.

Signature of Applicant

Date

FOR USE BY MEMBERSHIP SUB-COMMITTEE

Application verified and recommended for the Executive Committee's approval

Cash OR/Cheque No. : _____

For the year:
2021

For the total amount of : _____

Remarks

Signature of Membership Sub-Committee Chairman

Date

FOR USE BY EXECUTIVE COMMITTEE

Application: **APPROVED** **REJECTED**

Joined as: **PROFESSIONAL** **ASSOCIATE**

Signature of President / Vice-President / Hon. Secretary

Date