

## MEMBERSHIP APPLICATION

PROFILE	
Name of Institution/ Organization:	Application Date:
Mailing Address:	
Email:	
Tel:	Website:
ACRA or MOE Registration Number:	
Date of Registration:	
Current CPE Certification Status:	
<i>Please take note to inform the Association in writing of any change in CPE Certification status of your institution within 3 working days of the effectiveness of the change.</i>	

MEMBERSHIP CATEGORY APPLIED FOR	
<b><u>Ordinary Membership (Voting Rights)</u></b>	Annual Subscription Payable <i>(Please tick 1 box)</i>
<b>Category A:</b> Edutrust Star	S\$3,000 <input type="checkbox"/>
Edutrust 4-year	S\$3,000 <input type="checkbox"/>
<b>Category B:</b> Edutrust Provisional	S\$2,000 <input type="checkbox"/>
<b>Category C:</b> Enhanced Registration Framework (ERFs)	S\$1,500 <input type="checkbox"/>
Approved Training Organisation (ATOs)	S\$800 <input type="checkbox"/>
<b><u>Associate Membership (Non-Voting Rights)</u></b>	
<b>Category D:</b> Associate Members	S\$1,000 <input type="checkbox"/>
Adjunct Lecturers	S\$250 <input type="checkbox"/>
<b><i>Entrance fee:</i></b> One time entrance fee of S\$1,000 applicable to new voting members only. The first-year annual will be pro-rated based on the month the membership starts.	

Thank you for your application. A notification of approval and invoice shall be sent to contact personnel via email.

*Terms and conditions of membership is laid out in the Association's Constitution, a copy of which will be furnished to every approved member upon payment.*

### APPLICANT'S PARTICULARS

Salutation: Dr / Mr / Mrs / Ms / Mdm / Prof

Name:

Designation:

Email:

Tel:

Mobile:

Date:

Signature:

### ALTERNATIVE CONTACT PERSON

Salutation: Dr / Mr / Mrs / Ms / Mdm / Prof

Name:

Designation:

Email:

Tel:

Mobile:

### DECLARATION

I, \_\_\_\_\_, of \_\_\_\_\_  
Name of Authorized Person Name of Company

certify that the information provided in the application are true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

Please email this completed Application Form to: [secretariat@sape.org.sg](mailto:secretariat@sape.org.sg)

\*When making e-payment, please do indicate your organisation's name under the remarks field.

#### **\*Payment to be made via PayNow:**

Bank Name: United Overseas Bank  
Account Name: Singapore Association for Private Education  
PayNow UEN: T12SS0126J

#### **\*Payment to be made via Bank Transfer:**

Bank Name: United Overseas Bank  
Account Name: Singapore Association for Private Education  
Account Number: 3413033274

For more information, please contact

**Website:** [www.sape.org.sg](http://www.sape.org.sg)

**E-mail:** [secretariat@sape.org.sg](mailto:secretariat@sape.org.sg)