

TEMASEK POLYTECHNIC
LIBRARY & INFORMATION RESOURCES

APPLICATION FOR CORPORATE MEMBERSHIP

1. Name of Company / Organisation / Ministry / Statutory Board

Address : _____

_____ Postal Code: _____

Telephone No. _____ Fax No. _____

Please tick in the appropriate box

2. Company Profile :

a) Type of Company / Organisation

Commercial

Financial

Industrial

Professional

Others (please specify) _____

b) Is your company a / an :-

MNC

Local

Subsidiary

Head Office

Others (please specify) _____

c) Staff strength :-

less than 10 (please specify) _____

11 - 30

31 - 50

more than 50 (please specify) _____

d) Year of establishment _____

3. Links with Temasek Polytechnic, if any (for e.g. MOU, Student Industrial Program).

4. Reason (s) for application of membership

For research purpose

To keep up-to-date

Others (please specify) _____

5. Indicate the number of employees to be nominated (maximum of 5 only). The charge for each nominee is \$214/- per annum (inclusive of GST).

_____ nominee(s) (_____ x \$214)

6. Declaration

I enclose a cheque no. _____ for \$ _____ (payable to **Temasek Polytechnic**) being membership fee for _____ nominee(s).

I declare that the particulars in this application are true and that my company / organisation will undertake full responsibility for all loans and outstanding charges incurred by the nominee(s).

Name : _____ Signature : _____

Designation : _____ Date : _____

For Office Use

Cheque No. : _____ Amount : _____ Receipt No. : _____

Membership Approved by : _____ Date : _____
D/LIB

Card issued on : _____ Acknowledged On : _____

Personal Particulars of Nominees

Nominee No : _____

Name (Dr/Mr/Mrs/Ms)

(In block letters, Underline Surname)

Email address : _____

Address : _____

Postal Code : _____

NRIC/Passport No: _____

Designation : _____

Tel No : (O) : _____/(H)_____

Subject Interest : _____

For Office Use Only

ID No : _____

Barcode : _____

Patron Type : _____

Pstat : _____

Date Registered : _____

Expiry Date : _____

Remarks : _____

Personal Particulars of Nominees

Nominee No : _____

Name (Dr/Mr/Mrs/Ms)

(In block letters, Underline Surname)

Email address : _____

Address : _____

Postal Code : _____

NRIC/Passport No: _____

Designation : _____

Tel No : (O) : _____/(H)_____

Subject Interest : _____

For Office Use Only

ID No : _____

Barcode : _____

Patron Type : _____

Pstat : _____

Date Registered : _____

Expiry Date : _____

Remarks : _____
