



SINGAPORE CHAMBER OF MARITIME ARBITRATION

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INDIVIDUAL MEMBERSHIP APPLICATION

PERSONAL PARTICULARS

Title Family Name Gender: Male / Female
Given Name Nationality
NRIC Nos. /FIN Nos./Passport Nos. Date of Birth [dd/mm/yyyy]
Mailing Address
Telephone Mobile Fax
Email

EMPLOYMENT/OCCUPATION

(Please state information of current or immediate past employment.)

Name of Employer
Occupation
Address of Company
Summary of professional, commercial or technical qualifications and experience
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DECLARATION

I apply to join Singapore Chamber of Maritime Arbitration and enclose payment for **annual subscription, Singapore Dollars 300**. I agree, if admitted to membership, to abide by the Constitution and Bye-Laws of the Singapore Chamber of Maritime Arbitration. I understand that my payment will be refunded if I am not admitted as a member.

By Cheque <input type="checkbox"/> (Pay to "Singapore Chamber of Maritime Arbitration")	VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Name of Bank	Card Nos.	Name of Card Holder
Bank Branch	SGD	Expiry Date
Cheque nos.	Card Holder Signature	
SGD		

**** Membership shall be valid for 12 months upon payment.**

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Applicant Name & Signature

.....
Date