



### Professional/Associate Membership Application

(please tick  the appropriate box)

New Application for:  Professional member

Associate member

Affix  
Recent  
Photograph  
Here  
(or email to [membershipadmin@siso.org.sg](mailto: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) NRIC/PP, 2) Highest/Related Qualifications and 3) WSHO Registration Card (if any)
- Payment for the subscription fees of \$107.00 (\$85.60 membership fee and \$21.40 entrance fee) should accompany this application. For cheque, it is to be made payable to SISO
- All information given will be treated as private and confidential under the Personal Data Protection Act (PDPA 2012)
- Membership duration is from 1 January to 31 December of each calendar year

#### PERSONAL PARTICULARS (IN BLOCK LETTERS)

Name (as shown in NRIC/PP):		
Date of birth:	Phone (Home):	Phone (HP):
Residential address (in Singapore):		NRIC No.:
Postal Code:	Nationality:	Country of Birth:
Sex: Male/Female	Marital Status:	Personal E-mail:
WSHO Registration No. (if any):		Application for the year:

#### 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 / (please circle one) 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**

- Conferences, seminars and workshops   
  SISO quarterly magazine (Safety Matters)
- Members networking sessions   
  Courses related to WSH
- SISO merchandise   
  Other courses (Please indicate: \_\_\_\_\_ )

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:

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