	Association for Computational Mechanics (Singapore) **Membership Application Form** Send to: SACM0001@gmail.com	**Please affix a recent photograph here**

Title & Full Name as in Passport / Identity Card *(underline Surname / Family Name)*: **Prof / Dr / Mr / Mrs / Ms***	**Name in Chinese characters, if applicable:**

Home / Postal Address:	**Telephone Nos.:**	
	(Office)	**(Mobile)**
	(Home)	**(Pager)**
	E-mail Address:	
Nationality:	**Highest Education qualifications:**	
Date & Place of Birth:	**Passport No/IC.:**	

Name & address of current Employer & Position held. **Name:** **Address:** **Position:**	**Areas of Interests**

Education history

From	To	Institutions attended and Country	Qualifications obtained (give dates, classes and type of degrees/diplomas)

Professional history

From	To	Company Name	Position held

Present membership in other local or foreign-registered societies or organisations

Full Name of Society	Title of Office Held (if applicable)

Student Member.: ☐ Member: ☐ Corporate Member: ☐

DECLARATION

I declare that the particulars in this application are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact.

_____ _____

SIGNATURE OF APPLICANT **DATE**

For official use only:

Membership Confirmed: ☐ Date:

Membership No.: