

Singapore Training and Development Association

ASSOCIATE MEMBERSHIP APPLICATION FORM

Associate Ordinary

Associate Corporate

Personal / Company Representative Information

Title*: Mr / Mrs / Ms / Mdm / Dr / Prof Full Name: _____

(* delete accordingly)

Name for Membership Card : _____

NRIC / Passport No: _____ Date of Birth: _____ / _____ / _____

Nationality: _____ Ethnic Group: _____ Gender*: Male / Female

Home Address: _____

Postal () Tel No: _____ Handphone: _____

Email Address: _____ Alternative Email: _____

Company Information

Name of Company: _____

Current Designation: _____

Company Address: _____

Postal () Tel No: _____ Ext Fax: _____

Type of Industry: (Mark "X" for the industry you are in):

<input type="checkbox"/> Banking / Finance	<input type="checkbox"/> Government (Ministry/ Statutory Board)	<input type="checkbox"/> Retail
<input type="checkbox"/> Business Services & Consultancy	<input type="checkbox"/> Health Care	<input type="checkbox"/> Security Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Hospitality / Tourism	<input type="checkbox"/> Transportation / Information Technology / Communication
<input type="checkbox"/> Education / Professional Institution	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Others (Please specify)
<input type="checkbox"/> F & B	<input type="checkbox"/> Media / Research	

Number of Employees in the Company: _____ Number of staff in Training Department / HRD: _____

Number of Years of Experience in Training and Development / Human Resource Development: _____

Areas of Specialization:

<input type="checkbox"/> Action Learning	<input type="checkbox"/> Human Resource Management	<input type="checkbox"/> Sales / Supervisory Skills
<input type="checkbox"/> Change Management	<input type="checkbox"/> Leadership	<input type="checkbox"/> Team Building
<input type="checkbox"/> Coaching	<input type="checkbox"/> Organisational Development	<input type="checkbox"/> Others (Please specify)
<input type="checkbox"/> Consulting	<input type="checkbox"/> Performance Management	

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***Please note that it's Compulsory to fill in all the fields in this form**

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Highest Professional / Academic qualifications:

School / Institution	Qualification	From	To

Human Resource (HR) / Training related Certificates (if available):

School / Institution	Qualification	From	To

Areas of interest in HRD: _____

Membership with other professional bodies: _____

I declare that the information given to be true and correct at the time of application. By submitting the information, I agree to the [privacy policy](#) of STADA.

Signature of Applicant

Date

Note: Membership is subject to approval by STADA Management.

New members have to pay an **Entrance** (one-time payment) and **Annual Subscription** fees upon application.

- For Associate Ordinary Member, total amount payable is **S\$128.40**
- For Associate Corporate Member, it would be dependent on company staff strength.

Membership will expire either in **June** or **December**, depending on joined date (upon receipt of payment).

Membership fee is **non-refundable** and **non-transferable**.

Cheque must be crossed and made payable to: "**Singapore Training And Development Association**"

Bank/ Cheque No: _____ Date: _____ Amount: \$ _____

Please submit the completed form together with payment to:



Singapore Training & Development Association

STADA 410 North Bridge Road, #05-535 Spaces City Hall, Singapore 188726

Tel: (65) 67336369 Email: membership@stada.org.sg Website: <http://www.stada.org.sg>

For Official Use:

Membership ID: _____ Joined Date: _____ Expiry Date: _____

Membership Category : Associate Ordinary / Associate Corporate Fee Paid: \$ _____ Rec'd _____

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