



Singapore Association of Administrative Professionals

20 Maxwell Road, #08-06 Maxwell House, Singapore 069113

Tel : 65-6323 7523 Fax : 65-6323 7591

Email : admin@saap.org.sg Website : www.saap.org.sg

Membership Application Form

**PLEASE COMPLETE THE FORM AND RETURN WITH 2 RECENT PHOTOGRAPHS TO:
SAAP, Membership Chairman**

PERSONAL DATA

Name: _____

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

Nationality: _____ Race: _____

Address: _____

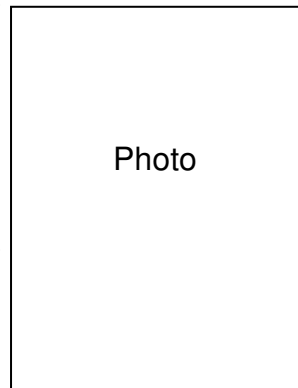
_____ Postal Code _____

Preferred Mailing Address: Home Office

Contact: (Home) _____ (HP) _____

Email _____

Marital Status: Single Married Divorced Widowed



EMPLOYMENT HISTORY

Current position _____

Name & address of present employer: _____

_____ Postal Code _____

Name & position of immediate boss: _____

Nature of Business: _____ Office Tel No: _____ Fax: _____

Your salary range: Below \$2000 \$2000~\$4000 Above \$4000

Working Experience (please attach copies of Testimonials)

From (mm/yyyy)	To(mm/yyyy)	Company Name & Address	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INFORMATION

Administrative/Secretarial/Professional Qualifications (State year obtained and attach copies of certificates)

Year of Award	Qualification (e.g , Dip in Business Admin, PSD)	Name of Examination Board
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member of other Club/Professional Association:

Name of Association	Position Held	Year Joined
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language _____ (spoken) _____ (written)

Hobbies _____

Service in Committee

Are you interested to serve as a committee member in SAAP? If yes, please tick the committee of your choice and we will contact you. Thank you

- Education Membership Programmes Public Relations

DECLARATION

I wish to apply for membership with the **SINGAPORE ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS (SAAP)** and accordingly agree to abide by the SAAP Constitution as set out by the Association and such amendments as may be made from time to time.

I will forward hard copies of the following documents :

- 1 Certificates to verify my qualifications
- 2 Testimonials from past employers to support my administrative/secretarial experience
- 3 A letter from my current employer confirming my designation and date of commencement

I declare that all particulars furnished by me in this application are true and accurate.

Signature of Applicant

Date

OFFICIAL USE ONLY

Date Interviewed ____/____/____ Type of Membership _____

Date of Acceptance Letter ____/____/____ Date Inaugurated ____/____/____

Entrance Fee _____ Subscription Fee _____ Office Maintenance Fee _____

Proposed by Membership Committee**Approved by**_____
Signature of Chairman & Date_____
Signature of President & Date**MEMBERSHIP CRITERIA****Fellow (Prefix : F)**

- 1 A person who has a Diploma/Degree in Business Studies/Administration or its equivalent and has been employed as a full-time administrative personnel for not less than one (1) year, or
- 2 A person who has documentary evidence of having been employed in an administrative role for not less than seven (7) years.

Auxiliary (Prefix : J)

- 1 A person who has a Certificate in Business Studies/Administration or its equivalent and has been employed as a full-time administrative personnel for not less than one (1) year, or
- 2 A person who has no administrative experience but has documentary evidence of pursuing relevant courses at an approved institution; or
- 3 A person who has documentary evidence of having been employed in an administrative role for not less than three (3) years.

MEMBERSHIP FEE

The fees payable are as follows:

Membership Type	Entrance Fee	Annual Subscription	Annual Office Maintenance	Total
Fellow/Auxiliary	S\$50.00	S\$40.00	S\$35.00	S\$125.00