



SINGAPORE FURNITURE ASSOCIATION MEMBERSHIP APPLICATION FORM

Membership Category

Full Member

Sources: TFM APFF DIRECT

Company Particulars

Name of Company

(English): _____

(Chinese): _____

Address: _____

Telephone: _____ Facsimile: _____

Website: _____ Email: _____

ROC Number: _____ Year of Establishment: _____

No. of
Employees: _____

No. of Branches or Showrooms (Local): _____ (Overseas, if any): _____

Name of Person-In- Charge:

Dr/ Mr/ Mrs/ Ms/ Mdm _____

Designation: _____ Nationality: _____

NRIC: _____ Handphone: _____

Email: _____

Name of Authorized Representative:

Dr/ Mr/ Mrs / Ms/ Mdm _____

Designation: _____ Nationality: _____

NRIC: _____ Handphone: _____

Email: _____

Capital Structure

Registered Capital: _____ Paid Up Capital: _____

Annual Turnover

2018 \$ _____

2019 \$ _____

2020 \$ _____



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Type of Company

Sole Proprietor Partnership Private Limited Public Limited

Others, please specify: _____

Main Business Activity

Retailer Manufacturer Distributor Wholesaler

Trader (Import & Export) Interior Design Service

Others, please specify: _____

Declaration

We hereby apply to be **a FULL member of the association.*

NEW Member

1) Entrance Fees (One Time Payment) Amount S\$ 321.00 (incl. GST) Effective 1st July 12

2) *Pro-Rated (Refer to the table)

(*Pro-Rated payment details, please refer to the membership payment structure below)

Month of Application	Pro-rated Annual Subscription FEE	Entrance FEE (One Time ONLY)	7% GST	Total Payable
January	\$150.00	\$300.00	\$31.50	\$481.50
February	\$135.00		\$30.45	\$465.45
March	\$120.00		\$29.40	\$449.40
April	\$105.00		\$28.35	\$433.35
May	\$90.00		\$27.30	\$417.30
June	\$75.00		\$26.25	\$401.25
July	\$60.00		\$25.20	\$385.20
August	\$45.00		\$24.15	\$369.15
September	\$30.00		\$23.10	\$353.10
October	\$15.00		\$22.05	\$337.05
November	\$180.00		\$33.60	\$513.60
December	\$165.00		\$32.55	\$497.55

Applicants signature and company's stamp

Date



SINGAPORE
FURNITURE ASSOCIATION
新加坡家具商会

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Referral's Particulars (must be a member of the association)

Name of Company: _____

Name of Authorised Representative: _____

Signature of Referral: _____ Company Stamp _____

For Official Use

Signature of Honorary Secretary: _____

Name of Honorary Secretary: _____

Date of Approval: _____

Membership No. Allocated: _____