MEMBERSHIP FORM

ASSOCIATION OF DRONE SOCCER (SINGAPORE)

MEMBERSHIP CATEGORY

Date : D D M M Y Y Y Y

Membership Type : ☐ Individual ☐ Student ☐ Professional ☐ Corporate
(Please tick)

Company Name : (Only applicable for Corporate Member)

Company UEN : (Only applicable for Corporate Member)

PERSONAL INFORMATION

Full Name :
(as per NRIC)

NRIC :

Date Of Birth : D D M M Y Y Y Y

Residential Address :

Gender : ☐ Male ☐ Female
(Please tick)

Nationality :

E-Mail :

Mobile Number :

DECLARATION

☐ I hereby declare that all information given are true and accurate.

☐ In view of Personal Data Protection Act (PDPA), I hereby authorize the use of above information relating to marketing purposes.

Signature Of Applicant

THANK YOU FOR YOUR INFORMATION

www.dronesoccersg.org