CORPORATE FRIENDS OF THE SSO APPLICATION FORM

Fax 6336 7234 **Mail** SSO Friends Officer, 11 Empress Place, Ground Floor, Victoria Concert Hall, Singapore 179558

YES, we want to be a Corporate Friend of the SSO!

☐ $5000 Platinum ☐ $4000 Gold

Name of organization: _____

Name to appear on membership card (max. 20 characters): _____

Address of organization: _____

_____ Postal Code: _____

Name of contact person (Prof / Dr / Mr / Mrs / Ms): _____

Designation: _____ Email: _____

Tel (H): _____ (O): _____ (HP): _____ Fax: _____

PAYMENT MODE

☐ Cheque (Please make cheque payable to SINGAPORE SYMPHONIA COMPANY LIMITED)

☐ Credit Card: ☐ Visa ☐ Mastercard ☐ Amex

Card No.: | | | | | | | | | | | | | | | | | | |

Expiry Date: _____ 3-digit code: _____ NRIC/FIN*: _____

(For Visa/Mastercard, please include the 3-digit security code that is printed on the back of your credit card just above the signature panel.)

Cardholder's signature: _____

_____ _____

Signature of contact person / Company Stamp Date

*As required by IRAS for auto inclusion for Tax Exempt Donation.

Please note: Memberships are valid for a period of 12 months. Upon receipt of your application, you will receive a letter of receipt in a week, and your Friend of the SSO cards within four weeks.