



HOSPITALITY BEYOND BORDERS

ASSOCIATE MEMBER APPLICATION FORM

ASSOCIATION REG.NO. UEN: T12SS0023H

Name of Company : _____

Address : _____

Country : _____

Contact Person : _____ Mobile/Tel : _____

Email Address : _____ Website : _____

Main Products : _____

Main Services : _____

** I (on behalf of my Company) agreed and will comply with the rules and regulations as stipulated in IFBA constitution and Code of Conduct of Associate Members and would commit to be an Associate Member for at least 3 years.*

Name : _____ Signature : _____

Designation : _____ Date : _____

** Complete application form is to be mailed at: membership@ifbaworld.com*

MEMBERSHIP CATEGORY	SUBSCRIPTION		
ASSOCIATE MEMBERSHIP	YEARLY	2 YEARS	3 YEARS
	SGD 1500.00	SGD 2700.00	SGD 3600.00

FOR OFFICIAL USE INTERNATIONAL FOOD BEVERAGE ASSOCIATION /OCBC BANK ACC: 641-464797-001

Cheque No.:	Amount :
Receipt Issued No.:	Bank In Date:
RECEIVED BY : _____ <small>(Name)</small>	_____ <small>(Signature / Date)</small>
APPROVED BY : _____ <small>(Name)</small>	_____ <small>(Signature / Date)</small>
YEAR OF ACCEPTANCE : _____	_____ <small>(Remarks)</small>