

ASSOCIATION OF SINGAPORE ATTRACTIONS

Membership Application Form For Year 2024

COMPANY INFO	
Name of Company	
Attraction Name (compulsory for Ordinary Membership application)	
Company/Business Registration No.	
Year of Registration	
Attraction Address	
No of Employees (Full Time) No of Employees (Part Time)	
Correspondence Address (if different from Business Address)	
Telephone Number (Main)	
Fax Number (Main)	
Website	
HEAD OF COMPANY INFO (CHAIRMAN	N, CEO, MD OR EQUIVALENT)
Name	
Designation	
Telephone Number (Direct)	
Mobile Number	
Email	



ACCREDITED REPRESENTATIVE INFO (PERSON WHO REPRESENTS THE MEMBER IN ALL DEALINGS WITH THE ASSOCIATION AND REPRESENTS THE MEMBER IN GENERAL MEETINGS)

Name	
Designation	
Telephone Number (Direct)	
Mobile Number	
Email	
ASA Membership WhatsApp Chatgroup	Include / Not to be Included (please indicate your choice)
DEPARTMENTS IN YOUR ORGAN	IISES INITIATIVES THAT MAY INVOLVE YOUR VARIOU VISATION, PLEASE PROVIDE THE CONTACTS OF THE HEAD O Y GET IN TOUCH WITH THEM IN THE FUTURE.
Name	
Designation	
Telephone Number (Direct)	
Mobile Number	
Email	
HEAD OF HUMAN RESOURCE DEPA	ARTMENT
Name	
Designation	
Telephone Number (Direct)	
Mobile Number	
Email	
HEAD OF TRAINING DEPARTMENT	
Name	
Designation	
Telephone Number (Direct)	



Designation Telephone Number (Direct) Mobile Number Email HEAD OF OPERATIONS DEPARTMENT Name Designation Telephone Number (Direct) Mobile Number Email	HEAD OF FINANCE DEPARTMEN	<u>T</u>	
	Name		
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CLASSIFICATION OF BUSINESS (please tick accordingly) () () () Sole Proprietorship Partnership Private Limited	Mobile Number		
() () () Sole Proprietorship Partnership Private Limited	Email		
	CLASSIFICATION OF BUSINES	\$ (please tick accordingly)	
	()	Party archin	()
			Private Limited
Public Company Others (please specify):			
	But of all a substitute of marking of by	usiness (activities / services / product	ts offered)



Business Type (please tick accordingly)	
SME [enterprise with annual turnover <\$\$100 million or employ < 200 worker	Non-SME Non-SME
No. of Employees:	_
Admission Rates (for Ordinary member	rship application and if applicable)
Adult \$\$ Child \$\$	Senior Citizens/ Students S\$
TYPES OF MEMBERSHIP	
Membership subscription fee is as state A one-time entrance fee of \$\$1,200 ap	ed based on category selected. oplies. All fees are subjected to prevailing GST.
Ordinary Membership* Subscription Fee: \$\$800 – joining 1st half of the year \$\$600 – joining 2nd half of the year	Main business is in operating a place of interest which offers substantial experience-rich tourism and lifestyle value, attracts tourists and/or locals, and is open to the public.
Associate Membership* Subscription Fee: \$\$1,200 – joining 1st half of the year \$\$900 – joining 2nd half of the year	[for Corporate] Business is related to the tourism and lifestyle industry. [for Individual] An industry practitioner who may be current employee of tourism trade and/or whom has retired from the attraction and deem to be able to contribute to the association and industry.
*Select accordingly Please state your main reasons for joini	ing the Association:

ASA PRIVILEGE CARD OFFERING FOR YEAR 2024

The ASA Privilege Card is a collaborative effort by All ASA Ordinary Members (optional for Associate Members) to offer exciting incentives for all employees and partners in the Attractions industry, and is based on a reciprocal basis.

This Privilege Card typically offers the employee and two (2) guests' free or discounted admission to the participating attractions; unless stated otherwise. Additional accompanying visitors may also enjoy discounts or special programmes.



Please complete the following for redemption for 2024.

Admission Charges for Employee & 2 Guests	Admission Charges for Additional Guest(s)
Admission Charges for Employee & 2 Guesis	Admission Charges for Additional Guesi(s)
Printing of ASA Privilege Card for Year 2023	
,	ate cards printed with their attraction logo. They ard for their head of organisation at a fee of \$10
Associate Member is entitled to one (1) personcohotograph.	ilised card printed with the cardholder's
Full Name of Cardholder to be Printed on ASA completed by <u>Associate Member and Ordinar</u>	
DECLARATION BY APPLICANT	
We affirm that the information provided in this abest knowledge; and understand that any misre application or termination of membership. We stipulated by ASA.	epresentation may result in rejection of the
We understand that our application is subject to the final decision on my application request.	review and that ASA reserves the right to make
Applicant's Signature	Date
Name of Applicant	
Name of Applicant Designation :	
Company's Stamp :	



MEMBERSHIP APPLICATION CHECKLIST

Please ensure that you have provided all the required information and submit the following together with this application to secretariat@singapore-attractions.org.sg:

- 1. Photocopy of your Registrar of Companies (ROC) Document
- 2. Marketing collateral, if any

PAYMENT

An invoice will be issued together with the email notice on your membership acceptance once your application has been approved. Your membership commences upon delivery of approval notice and invoice to you.

FOR OFFICIAL USE ONLY		
Inspection By	 Date of Inspection	
Please state reason(s) in the event of waiver of t	he inspection requirement:	
Recommended By (ASA Membership Sub-Committee)	Date	
Approved By (ASA Executive Committee)	 Date	