

NEXT LEVEL
AWAITS YOU

Application for QISP Title on Business Card

Please complete this form and fax to 6226 2569 or email: secretariat@aisp.sg.

Professional Recognition

E-newsletters

Training

LinkedIn

Student Chapters

Conferences

WorkShops

Quality Networking

53 / 53 A Neil Road
Singapore 088891

Tel: +65 6226 2567
Fax: +65 6226 2569

Email: secretariat@aisp.sg
Website: www.aisp.sg

PART 1 PERSONAL DATA

Name: _____ Gender: M / F

NRIC/Passport: _____ Date of Birth: _____

Address (H): _____ Postal code: _____

Company: _____ Designation: _____

Address (O): _____ Postal code: _____

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

Email: _____

PART 2: DECLARATION

I declare that the information given in this form is true.

Name & Signature of Applicant

Date

Applications will be validated by the AISP Secretariat and subsequently examined by the Membership Committee. There may be occasions where the approvers may require an interview with the candidate for a thorough understanding of his/her professional background and aptitude. The decision of the Membership Committee is final.

AISP OFFICE USE ONLY

[] Accepted

[] Rejected

Remarks: _____

Signature of Approver

Date Approved

Name of Approver