

ASIA CRUISE TERMINAL ASSOCIATION
MEMBERSHIP APPLICATION FORM



***Mandatory Fields**

PART A: MEMBERSHIP TYPE* (Please tick the appropriate box)

Ordinary Membership - National cruise terminal authorities and/or country cruise terminals with the government retaining majority interest and/or corporatized or privatized cruise terminal operators.

Associate Membership - Other cruise related agencies/cruise liners/port agents.

Multi-port Membership – Cruise terminal must be managed/owned by a parent organisation that already has an ordinary membership with ACTA.

Name of Ordinary Member Port*: _____

Honorary Membership - State or local tourism promotion authorities that can provide tangible or intangible benefits to the Association.

PART B: ABOUT YOUR COMPANY

Name of Company*: _____

Registered Business Address*: _____

Mailing Address (if different from Registered Business Address): _____

Country of Incorporation*: _____

Primary Business Activities*: _____

Telephone* _____ Email*: _____

Fax: _____ Company Website URL: _____

PART C: ABOUT YOUR REPRESENTATIVES (Information required is mandated by Registry of Societies, Singapore. All personnel listed in this section will be categorized as Affiliate Member)

Part C1: CEO/Head of Organisation

Name *: _____

Designation*: _____ Direct Telephone Number*: _____

Mobile Number: _____ Email*: _____

NRIC Number/FIN/Passport Number*: _____ Gender*: _____

Date of Birth*: _____ Nationality*: _____

Race*: _____ Dialect Group*: _____

Marital Status*: _____ Religion*: _____

Residential Address*: _____

Resident Status in Singapore, if any*: _____

Educational Qualifications*: _____

Present Employment Status*: _____

Membership in other societies, if any*: _____

Part C2: Accredited Representatives – Key personnel whom ACTA shall liaise with

Name *: _____

Designation*: _____ Direct Telephone Number*: _____

Mobile Number: _____ Email*: _____

NRIC Number/FIN/Passport Number*: _____ Gender*: _____

Date of Birth*: _____ Nationality*: _____

Race*: _____ Dialect Group*: _____

Marital Status*: _____ Religion*: _____

Residential Address*: _____

Resident Status in Singapore, if any*: _____

Educational Qualifications*: _____

Present Employment Status*: _____

Membership in other societies, if any*: _____

Part C3: Accredited Representatives – Additional personnel to be registered as Affiliate Member (Please print supplementary copies if necessary)

Name *: _____

Designation*: _____ Direct Telephone Number*: _____

Mobile Number: _____ Email*: _____

NRIC Number/FIN/Passport Number*: _____ Gender*: _____

Date of Birth*: _____ Nationality*: _____

Race*: _____ Dialect Group*: _____

Marital Status*: _____ Religion*: _____

Residential Address*: _____

Resident Status in Singapore, if any*: _____

Educational Qualifications*: _____

Present Employment Status*: _____

Membership in other societies, if any*: _____

PART D: PAYMENT OF MEMBERSHIP FEES (Telegraphic Transfer)

Membership Type	One-Time Registration (USD)	Annual (USD)
Ordinary Membership	1,200	3,000
Associate Membership	1,000	3,000
Multi-port Membership	300	1,000
Honorary Membership	Free	Free
Affiliate Membership (Per Member)	10	10

Additional Information

- 1 Banking details shall be sent via e-mail to facilitate payment once application information has been verified.
- 2 Bank charges for payment transfer are to be paid by applicant.
- 3 50% discount is given on the first year of annual membership fee for all new Ordinary, Associate or Multi-port membership applications if membership is approved between 1 July to 31 December. One-Time Registration is still applicable.
- 4 One-Time Registration fee of USD300 per multi-port would be waived for the first registration but applicable for subsequent registrations if there is a break in membership continuity.
- 5 Membership is automatically renewed. Cessation of membership is approved only upon submission of official notice to the Secretariat in writing and receipt of official confirmation from the Secretariat to confirm the withdrawal.

PART E: APPLICANT DECLARATION

I/We declare that the above particulars are true and correct and that if my/our application for membership is successful, I/we shall abide by the Constitution, decisions and regulations of the Association including paying all membership fees in advance when due.

Signature: _____

Name: _____

Designation: _____

Passport Number: _____

Company Stamp

PART F: OFFICIAL USE BY ACTA SECRETARIAT

Date of application: _____

Application Number: _____

Application Status: Approved / Rejected / Pending

Remarks: _____

Membership Number: _____

Verification By: _____

Approval By: _____