## **APFG Membership Application**

First Name La		Last	at Name/Surname			
Preferred correspondence Address						
City Posts		al Code				
State / Country						
Tel. (work)	Fax (v					
Email						
Organization:						
Organization						
Position	Profes	sor	As	ssoc. Professor	Ass	ist. Professor
Lecturer	Resear	cher	Pr	rincipal	☐ Tea	cher
☐ Administer	Coord	inator	C	onsultant	Co.	unselor
Student	☐ Assista	ant	O	thers:		
Membership:   New  Renewal						
2 year- individual (USD 40.00) <b>2024–2026</b>						
4 year- individual (USD 80.00) <b>2024–2028</b>						
Signature of Applicant			Date			
For Official Use Only						
Received by		Date Red	ceived	Fees Receive	Fees Received Official Receipt No.	
•				US\$		-

Kindly email the signed form, with advice on your <u>preferred payment method</u> to: Secretary of APFG, Letchmi Devi at <u>letchmi.p@nie.edu.sg</u>.