

**SINGAPORE NATIONAL BIOFILM  
CONSORTIUM**  
MEMBERSHIP APPLICATION FORM  
*ACADEMIC MEMBER*



**FIRST NAME**

**LAST NAME**

**TITLE**

**INSTITUTION &  
DEPARTMENT**

**AREA OF  
EXPERTISE**

**MAILING ADDRESS**

**EMAIL**

**PHONE NUMBER**

**FACSIMILE**

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I wish to be an Academic Member of the Singapore National Biofilm Consortium (the "Consortium") and with the Consortium vision to foster synergistic interactions among IHLs, research institutes, government agencies and industry in Singapore hereby agrees to the following:

- The Academic Membership commences from the enrolment date and the Academic Member will remain a Consortium Member unless a written termination notice is given to the Consortium.
- The Academic member agrees to contribute his/her time in relevant workshops, seminars and training courses for the Consortium.

Signed by:

\_\_\_\_\_

Name

Designation

Date

dd/mm/yyyy

Please send a soft copy of this Membership Application Form to:

Attn: Maria Yung  
Designation: SNBC Program Manager  
Email: maria.yung@ntu.edu.sg (cc michel.birnbaum@ntu.edu.sg)  
Nanyang Technology University  
Singapore National Biofilm Consortium  
60 Nanyang Drive, SBS-01N-27  
Singapore 637551

Accepted by:

**SINGAPORE NATIONAL BIOFILM CONSORTIUM**

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*Authorised signatory*

Name

Designation

Date (Enrolment Date)

dd/mm/yyyy