

## Register of Members

Full Name (As per NRIC/Passport)			
NRIC No/Passport No			
Nationality/Race			
Date of Birth		Gender	
Occupation			
Residential Address			
Mailing Address			
Company Name & Address			
Tel No/Mobile No		Fax No	
Email Address			
Ciarb Membership No			
Ciarb Membership Category (please tick category)	<input type="checkbox"/> Associate	<input type="checkbox"/> Member	<input type="checkbox"/> Fellow

Date Entered as IGAB Member (to be completed by IGAB)	
Date Ceased to a Member (to be completed by IGAB)	