|  |
| --- |
| Middle Name: |

**Name for Correspondence:**

|  |
| --- |
| Prefix: |

|  |
| --- |
| First Name: |

|  |
| --- |
| Suffix: |

|  |
| --- |
| Last Name: |

|  |
| --- |
| Preferred Phone Number: |

|  |
| --- |
| Preferred Email Address: |

|  |
| --- |
| Date of Birth: |

**Contact Address (Home):**

|  |
| --- |
| Address Line1 |

|  |
| --- |
| Address Line 2 |

|  |  |  |
| --- | --- | --- |
| City:  | State/Province/Territory | Post Code/P.O. Box: |

|  |
| --- |
| Country: |

**Contact Address (Work):**

|  |
| --- |
| Address Line1 |

|  |
| --- |
| Address Line 2 |

|  |  |  |
| --- | --- | --- |
| City: London | State/Province/Territory | Post Code/P.O. Box: |

|  |
| --- |
| Country:e.g. U.K |

**Attained Education:**

|  |  |  |
| --- | --- | --- |
| Highest Level of education | Year degree awarded: | Accredited Degree, (please tick)  Yes No |

|  |  |  |
| --- | --- | --- |
| Place of Work: | Position at work: | Other Professional Certification(optional): |
| Field or area of Interest: |
| Field of Study:E.g. Engineering… |

|  |
| --- |
| Name of Academic Institution: |

|  |
| --- |
| Address of Place of Work Line 1 |

|  |
| --- |
| Address of Place of Work Line 2 |

|  |  |  |
| --- | --- | --- |
| City: | State/Province/Territory | Post Code/P.O. Box: |

|  |
| --- |
| Country: |

Optional:Pleas tick (√) the following option you would like to chose:

|  |
| --- |
| * Breakfast meeting with the Chairman

 Yes No* A photo with the SSGM chairman to receive your membership Certificate.

 Yes No * Meeting with SSGM BOD.

 Yes No * A visit to your company by SSGM Chairman or BOD

 Yes No * A post with the SSGM Chairman on social media platform

Yes No * An interview with the SSGM Chairman

Yes No  |