



APPLICATION FOR MEMBERSHIP

Client Registration No.: _____
(if applicable)

* Please delete where inapplicable.

Types of Membership: Ordinary Associate Life Corporate Junior

Personal Particulars

Full Name: _____
*Mr/Mrs/Ms/Dr _____ Decoration: _____
(Please print as in NRIC and underline surname)

NRIC/Passport No.: _____ Nationality: _____

Date of birth: _____ Age: _____ Place of Birth: _____

Gender: *Male/Female Marital Status: *Single/Married/Divorced/Widowed

Race: *Chinese/Malay/Indian/Eurasian/Others _____

Home Address:

Blk/House No.: _____ Building Name: _____

Street Name: _____ Unit No.: _____ Postal Code: _____

Mailing Address (if different from above):

_____ Country: _____

Contact No.: Tel (R): _____ (P) _____ (HP) _____ (Fax): _____

Email: _____

Highest Academic Qualification: _____

Hearing Impaired: *Yes/No Other disabilities: _____

Spouse's Name: _____ Spouse's Membership No.: _____
(If applicable, please print as in NRIC and underline surname)

Current Employment

Name of company: _____

Job Designation: _____

Contact No.: Tel. (O): _____ Ext. _____ (P) _____ (HP) _____ (Fax): _____

E-mail: _____

If this section does not apply to you, please indicate whether you are a student: Yes No

If yes, please indicate school/junior college/institution attended: _____

Hobbies/Interests

Reason(s), if any, for applying as a member of the Singapore Association for the Deaf:

Award(s) received: _____

Proposer and seconder to application

Proposer's Name: _____

Membership No.: _____

Signature: _____

Secunder's Name: _____

Membership No.: _____

Signature: _____

N.B. Please ensure that the proposer and seconder sign before submission of this form.

Payment

Cash or Cheque (Bank/No.: _____)
(payable to The Singapore Association for the Deaf)

N.B. Please keep the receipt for at least four months.

Type of Membership	Membership Fee	Tick where applicable
Ordinary Membership	*1 st year only: To join before 1 st July - S\$15 To join on/after 1 st July - S\$7.50 or S\$15 Subsequent years: S\$15 per annum	
Associate Membership	S\$30 per annum	
Life Membership	S\$150	
Corporate Membership	S\$500	
Junior Membership	S\$5 per annum	

*Please refer to point (f) of Membership notes.

Declaration

I, the applicant, hereby declare that

- The information given in this application is true and correct to the best of my knowledge.
- I agree to abide by the rules of the Constitution of the Singapore Association for the Deaf as stated at the website <http://www.sadeaf.org.sg>.
- I will not hold The Singapore Association for the Deaf liable should anything untoward happen to me while participating in any programme or activity.
- Should payment of fees not be made, re-application would only be allowed on payment of arrears.

Signature of Applicant: _____ Date: _____

Mail to: The Singapore Association for the Deaf, 227, Mountbatten Road, Singapore 397998.

For official use

PAID Subscription fee: *S\$5.00 / S\$7.50 / S\$15 / S\$30 / \$150 / S\$500 Date: _____

Collected by: _____ Official Receipt No.: _____
(Name of staff)

Membership No.: _____ Application accepted on: _____

Remark: _____

Updated on 1 April 2008