



## MEMBERSHIP RENEWAL

Client Registration No.: _____ (if applicable)
Membership No.: _____

\* Please delete where inapplicable

### Personal Particulars

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

NRIC/Passport No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status: \*Single/Married/Divorced/Widowed

Home Address:

Blk/House No.: \_\_\_\_\_ Building Name: \_\_\_\_\_

Street Name: \_\_\_\_\_

Unit No.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different from above):

\_\_\_\_\_

Country: \_\_\_\_\_

Contact No.: Tel (R): \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_ (F): \_\_\_\_\_

Email: \_\_\_\_\_

Highest Academic Qualification: \_\_\_\_\_

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): \_\_\_\_\_ (HP) \_\_\_\_\_ (F) \_\_\_\_\_ (P): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Hobbies/Interests**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Award(s) received: \_\_\_\_\_

\_\_\_\_\_

**Payment**

Cash or  Cheque (Bank/No.: \_\_\_\_\_)

for \*S\$5 (Junior membership) S\$15 (Ordinary membership) / S\$30 (Associate membership) / Others \$ \_\_\_\_\_ payable to The Singapore Association for the Deaf.

Renewal for year(s): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**For official use**

PAID: \$ \_\_\_\_\_ Date: \_\_\_\_\_

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

Remarks: \_\_\_\_\_

\_\_\_\_\_

*Updated on 1 April 2008*