

REPLACEMENT OF MEMBERSHIP CARD

| |
|---|
| 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: _____

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

E-mail: _____

Hobbies/Interests

Award(s) received: _____

Circumstances of Loss

The Police must be informed immediately if the card has been lost or stolen.

Date/Day of loss: _____ Place of loss: _____

Briefly state what happened: _____

Declaration

I declare that these particulars are true and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

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

For official use

Police Report No.: _____ Police Station: _____

PAID Subscription fee: *S\$2 / S\$4 / S\$8 Date: _____

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

Remark: _____
