

CURRENT EMPLOYMENT:

Name of Company: _____

Job Designation: _____

Contact Nos: Tel (O): _____ Ext. _____ Office Mobile: _____

Fax: _____ Office Email: _____

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

If yes, please indicate name of School/JC/Institution you are currently attending: _____

OTHERS:

Hobbies/Interests: _____

Reason(s) for applying as a member of the Singapore Association for the Deaf: (in order for application to be processed):

Award(s) received (if any): _____

FOR OFFICIAL USE:

PROPOSER & SECONDER TO APPLICATION:

Proposer's Name: _____ Membership No.: _____ Signature: _____

Secunder's Name: _____ Membership No.: _____ Signature: _____

PAYMENT: (to be completed by Applicant)

Cash

Paid subscription fee: S\$5.00/S\$7.50/S\$15.00/S\$30.00/S\$150.00/S\$500.00 (Please circle) Date: _____

OR

Cheque (Bank/No.: _____)

(Payable to "The Singapore Association for the Deaf")

FOR OFFICIAL USE:

Paid subscription fee: S\$ _____

Official Receipt No.: _____ Official Receipt Issued by: _____ Date: _____
(Name of Staff)

Note: Please keep receipt for at least four (4) months.

Type of Membership	Membership Fees	Tick Where Applicable
Ordinary Membership (granted to Singapore citizens & Permanent Residents who are over the age of 16 years only).	*1 st year only: join before 1 st July – S\$15.00 join on/after 1 st July – S\$7.50 or \$15.00 Subsequent years: S\$15.00 per annum	
Associate Membership (granted to non-Singapore citizens who are over the age of 16 years).	S\$30.00 per annum	
Life Membership (granted to Ordinary Members who have been members of the Association for at least five (5) years).	S\$150.00	
Corporate Membership (granted to business organisations).	S\$500.00	
Junior Membership (granted to deaf Singapore citizens & Permanent Residents who are under the age of 16 years).	S\$5.00 per annum	

Note:

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

All subscriptions shall be due on 1st January each year.

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 in 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:

Membership No.: _____

Application Accepted On: _____

Remarks: _____

(Updated 1st August 2010)