

MEMBERSHIP APPLICATION FORM

PLEASE USE BLOCK LETTERS

NAME: Dr / Mr / Ms		NRIC NO:
ADDRESS:		
SINGAPORE		
DATE OF BIRTH:	RELIGION:	
MARRIED / SINGLE:	OCCUPATION:	
TEL: OFFICE:	HOME:	MOBILE:
E-MAIL:		
..... Applicant Signature / Date	(For Official Use)	
	Received:	
	Recommended by:	
	Approved:	
<p style="text-align: center;"><u>SUBSCRIPTION</u></p> <p style="text-align: center;"><i>The rate payable for different membership categories are shown below:</i></p> <p>INDIVIDUAL member \$20.00 entrance fee; \$30.00 annual subscription CORPORATE member \$20.00 entrance fee; \$300.00 annual subscription LIFE member \$20.00 entrance fee; \$150.00 one time payment</p> <p style="text-align: center;"><i>Crossed cheque payable to: Society for Men's Health (Singapore)</i></p> <p style="text-align: center;"><i>Please mail application form to:</i> SOCIETY FOR MEN'S HEALTH (SINGAPORE) Gleneagles Medical Centre 6 Napier Road #07-14 Singapore 258499</p>		