

APPLICATION FOR MEMBERSHIP

(Based on calendar year – January to December)

Client Registration No: _____ (if applicable)
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Type of Membership: Ordinary Life Associate Corporate Junior

I am Deaf Hard of Hearing (HOH) Hearing

Mode of Communication: SEE SGSL Gesturing Others ***(Applicable to Deaf/HOH)**

PERSONAL PARTICULARS:

Name as in NRIC: _____

*Mr/Mrs/Mdm/Ms/Miss/Dr (**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 (please specify): _____

HOME ADDRESS:

Block/House No.: _____ Building Name: _____

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

Mailing Address (if different from above): _____

Country: _____

Contact Nos.: Tel (H): _____ (O): _____ (Mobile): _____

Email: _____

Highest Academic Qualification: _____

Other Disabilities: _____

Spouse's Name: _____ Spouse's Membership No. (If any): _____
 (If applicable) (**Name as in NRIC, underline Surname**)

Note: * Kindly circle (where applicable)

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

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):

Free Interpretation/Notetaking (**Applicable to Deaf or HOH**) Sign Language Courses Volunteer

Others: _____

Award(s) received (if any): _____

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).	\$15.00 per annum	
	After 1 st July – \$7.50 or \$15.00 Subsequent years: \$15.00 per annum	
Associate Membership (granted to non-Singapore citizens who are over the age of 16 years).	\$30.00 per annum	
Life Membership (granted to Ordinary Members who have been members of the Association for at least five (5) years).	\$150.00 (one-time)	
Corporate Membership (granted to business organisations).	\$500.00 per annum	
Junior Membership (granted to deaf Singapore citizens & Permanent Residents who are under the age of 16 years).	\$5.00 per annum	

Note:

* Please refer to Membership Factsheet & FAQ.

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:

Received By: _____
(Name of Staff)

Date: _____

Checked By: _____
(Name of Staff)

Date: _____

A: PAYMENT: (to be completed by Applicant)

Paid subscription fee: S\$ _____

\$5.00(Junior) / \$7.50(Ordinary after 1st July) / \$15.00(Ordinary) / \$30.00(Associate) / \$150.00(Life) / \$500.00(Corporate)

*(Please circle)

Cash or Cheque (Bank no.: _____) or NETS (Ref no.(_____))
(Payable to “The Singapore Association for the Deaf”)

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

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

B: PROPOSER & SECONDER TO APPLICATION:

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

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

Membership No.: _____ Application Accepted On: _____

Remarks: _____