

## APPLICATION FOR MEMBERSHIP

### 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): \_\_\_\_\_

Physical Disability: Deaf / Hard of Hearing (HOH) / Hearing

Registered SADeaf Client (with HHC): Yes / No

\* Mode of Communication: SEE / SGSL / Gesturing / Others

\*(Applicable to Deaf/HOH)

### 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: \_\_\_\_\_

### 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): \_\_\_\_\_

## MEMBERSHIP INFORMATION

Type of Membership	Membership Fees	Tick Where Applicable
<b>Ordinary Membership</b> (granted to Singapore citizens & Permanent Residents who are over the age of 16 years only).	\$15.00 per annum	
	After 1 <sup>st</sup> July ó \$7.50 Subsequent years: \$15.00 per annum	
<b>Associate Membership</b> (granted to non-Singapore citizens who are over the age of 16 years).	\$30.00 per annum	
<b>Life Membership</b> (granted to Ordinary Members who have been members of the Association for at least five (5) years).	\$150.00 (one-time)	
<b>Corporate Membership</b> (granted to business organisations).	\$500.00 per annum	
<b>Junior Membership</b> (granted to <b>deaf</b> 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 1<sup>st</sup> January each year.

Visit <https://sadeaf.org.sg/join-us/be-our-member/> for more information including payment and benefits. For QR code, please provide a screenshot of QR payment as proof of payment.

**DECLARATION**

I, the Applicant, hereby declare that ó

- “ 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: <https://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

**A: MODE OF PAYMENT** (Please refer to Membership fees chart for the correct amount payable)

Choose Membership Type: Ordinary / Life / Associate / Corporate / Junior

Cash: \$ \_\_\_\_\_

Cheque No: \_\_\_\_\_

(Please make cheque payable to The Singapore Association for the Deaf and indicate your name, membership year and contact number on the reverse side of the cheque)

NETS Ref No: \_\_\_\_\_

PayNow / PayLah Ref No: \_\_\_\_\_

*\* Please provide a screenshot of QR payment as proof of payment*



Ref No: Type "XXX Membership YYYY". XXX refers to the type of membership you are applying/renewing for. YYY refers to the year(s) you are paying for.

**B: PROPOSER & SECONDER TO APPLICATION**

Proposer's Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

Seconder's Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

**C: FOR OFFICIAL USE**

Membership No.: \_\_\_\_\_ Application Accepted On: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

\*Official Receipt No.: \_\_\_\_\_ Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

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