

MEMBERSHIP RENEWAL FOR YEAR _____

Personal Particulars

Full Name: _____
(Mr/Mrs/Mdm/Ms/Miss/Dr)

Membership No: _____

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

Email: _____

Block/House No.: _____ Building Name: _____

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

Mailing Address (if different from above): _____

_____ Country: _____

Signature of Applicant: _____ Date: _____

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

A: MODE OF PAYMENT

Choose Membership Type: \$15 (Ordinary)/ \$150(Life) / \$30 (Associate) / \$500 (Corporate) / \$5 (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 YYY". XXX
refers to the type of
membership you are
applying/renewing for. YYY
refers to the year(s) you are
paying for.

B: FOR OFFICIAL USE

Received by: _____ Date: _____ Checked By: _____ Date: _____

*Official Receipt No.: _____ Issued by: _____ Date: _____

Remarks:

