

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
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 ó \$7.50 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.

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.
- I consent to the use of my personal data for all purposes related to maintaining, updating and other administrative records in connection with my intent to join SADeaf as a member.

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. YYYY refers to the year(s) you are paying for.

B: PROPOSER & SECONDER TO APPLICATION

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

Secunder'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.**