

## 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)/ \$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:

\_\_\_\_\_  
\_\_\_\_\_