

MEMBERSHIP RENEWAL FOR YEAR _____

Full Name:(Mr/Mrs/Mdm/Ms/Miss/Dr)			
Membership No:			
	(O):	(Mobile):	
Email:			
	Building Name:		
Street Name:	Unit l	No.: # Postal Code:	
Mailing Address (if different from	above):		
		Country:	
Signature of Applicant:		Date:	
Mail to: The Singapore Associa	ation for the Deaf, 227, Mountbatten	Road, Singapore 397998.	
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DATA PROTECTION NOTICE

Purposes for us collecting, using or disclosing personal data

We collect personal data from or about our members. We use and/or disclose that personal data so that we are able to offer our programmes efficiently and effectively and so that we can comply with our legal obligations.

ACKNOWLEDGEMENT AND CONSENT

I acknowledge that I have read and understood the above Data Protection Notice, and consent to the collection, use and disclosure of my personal data by SADeaf for the purposes set out in the Notice.

- □ I do not wish to receive any marketing information.
- □ I would like to receive information about the goods and services which may be provided by SADeaf, including (but not limited to) offers, promotions and information about new goods and services, via various channels: Communication apps such as Whatsapp, Telegram, Telephone Call, SMS and Social Media Platforms such as Facebook, Instagram

Name :	
Signature & Date :	