

# APPLICATION FOR MEMBERSHIP CONVERSION

## 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**

<b>Type of Membership</b>	<b>Membership Fees</b>	<b>Tick Where Applicable</b>
<b>Ordinary Membership</b> (granted to Singapore citizens & Permanent Residents who are over the age of 16 years only).	\$15.00 per annum	<input type="radio"/>
<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)	<input type="radio"/>

**\*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 –

- 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: ☐ Convert to Life membership after at least 5 years of ordinary membership  
☐ Convert to Ordinary membership after reaching the age of 16

☐ 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*



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.**

## DATA PROTECTION NOTICE

### Purposes for SADeaf collecting, using or disclosing personal data

We use and/or disclose that personal data collected is to enable SADeaf to offer our programmes efficiently and effectively, and that we are in compliance 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 the various channels: Communication apps such as Whatsapp, telegram, Telegram, Telephone Call, SMS and Social Media Platforms such as Facebook, Instagram.

Name : \_\_\_\_\_

Signature & Date : \_\_\_\_\_