

RE-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	
Associate Membership (granted to non-Singapore citizens who are over the age of 16 years).	\$30.00 per annum	
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 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.

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: \$ _____

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: PROPOSER & SECONDER TO APPLICATION

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

Seconder'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 : _____