



SINGAPORE NATIONAL STROKE ASSOCIATION

MEMBERSHIP APPLICATION / RENEWAL FORM

Name *Prof / Dr / Mr / Mrs / Miss: _____

NRIC No: _____

Date of Birth: _____

Address: _____

_____ Singapore _____

Occupation: _____

Tel: _____ (H) _____ (HP/Pgr) _____ (O) _____ (Fax)

E-mail address: _____

- I am a* Patient
 Caregiver
 Healthcare Professional
 Others, please specify : _____

Please tick the membership category*:

- Ordinary Member - \$10.00 per calendar year
 Life Member - \$80.00
 Corporate Member - \$1000.00 (one off)

In addition*:

- I would like to make a donation of \$ _____ to the Association.

Enclosed please find *cash / cheque: _____ for \$_____.

Date of application : _____

Cheques should be payable to: Singapore National Stroke Association

**Please delete or tick appropriately.*