



SOCIETY FOR CONTINENCE (SINGAPORE)

MEMBERSHIP APPLICATION FORM

Name: _____ NRIC No : _____

Address: _____

_____ Singapore _____

Date of Birth: _____ Religion: _____ Race: _____ Sex: M/F

Nationality: _____ Marital Status: _____ Occupation: _____

Tel: _____ (O) _____ (R) _____ (Pager)

_____ (HP) E-mail address: _____

SUBSCRIPTION

The rate payable for different membership categories are shown below:

INDIVIDUAL MEMBER

\$30/- entrance fee; \$20/- annual subscription

CORPORATE MEMBER

\$30/- entrance fee; \$300/- annual subscription

LIFE MEMBER

\$30/- entrance fee; \$100/- one time payment

Please Note

1. Individual membership shall be opened to all persons from healthcare professionals and individuals including patients suffering from incontinence.
2. Corporate Membership shall be opened to all commercial bodies, firms, government departments, clubs or any organisation interested in supporting the Society in furthering its aims.
3. Life Membership shall be opened to all persons.
4. Payment for membership should be made by teletransfer. Information as follows:

Bank name : DBS Bank

Account name : Society for Continence (Singapore)

Account number : 015-015744-5

Bank address : 301 Upper Thomson Road, Singapore 574408

Please fax or mail application form to:

**THE HONORARY SECRETARY
SOCIETY FOR CONTINENCE (SINGAPORE)**

45 Jalan Pemimpin

Foo Wah Industrial Building #09-20

Singapore 577197

Fax: (65) 6588 1723