



## **Society for Continence Singapore** **MEMBERSHIP APPLICATION FORM**

**Name:** \_\_\_\_\_ **NRIC** \_\_\_\_\_

**Citizenship** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Profession:** \_\_\_\_\_ **Gender Male / Female**

**Organization:** \_\_\_\_\_

**Home Mailing Address:** \_\_\_\_\_

\_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Home/Mobile No:** \_\_\_\_\_

**Email Address: Personal:** \_\_\_\_\_

**Office:** \_\_\_\_\_

### **SUBSCRIPTION**

I would like to apply for:

- Individual Membership-S\$30 entrance fee + S\$20 annual subscription
- Corporate Membership-S\$30 entrance fee + S\$300 annual subscription
- Life Membership- S\$30 entrance fee + S\$100 one time payment

Please note :

1. Individual memberships shall be open to all persons who are healthcare professionals and individuals including patients suffering from incontinence
2. Corporate membership shall be open to all commercial bodies, firms, government departments, clubs or any organisations interested in supporting the Society in furthering its aims
3. Life membership shall be open to all persons

Please mail completed form along with cheque payment to :

**The Society for Continence (Singapore)**  
**61 Upper Paya Lebar Road, #05-02A,**  
**Tat Wan Building S534816**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_