

**MEMBERSHIP APPLICATION FORM**

**I would like to apply for membership in this category :**

() Individual Membership

S$20 entrance fee + S$30 annual subscription

( ) Corporate Membership

S$20 entrance fee + S$300 annual subscription

( ) Life Membership

S$20 entrance fee + S$150 one time subscription

**PLEASE USE BLOCK LETTERS**

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| --- | --- | --- | --- | --- |
| **NAME: Prof/Dr/Mr/Ms** | | | **E-MAIL:** | |
| **NRIC NO:** | **DATE OF BIRTH: DD/MM/YYYY** | | | **MARITAL STATUS:** |
| **HOME ADDRESS: POSTAL CODE :** | | | | |
| **COMPANY:**  **OCCUPATION :** | | | | |
| **COMPANY ADDRESS: POSTAL CODE :** | | | | |
| **CONTACT**  **OFFICE: HOME: MOBILE:** | | | | |
| **Application Signature / Date** | | **(For Official Use)** | | |
| **Received:** | | |
| **Recommended by:** | | |
| **Approved:** | | |
| ***Please mail application form to:***  **SOCIETY FOR MEN’S HEALTH (SINGAPORE)**  **22 Sin Ming Lane #03-85**  **Midview City**  **Singapore 573969** | | | | |