

NATIONAL ARTHRITIS FOUNDATION MEMBERSHIP APPLICATION FORM



- Type: Ordinary Members \$12.00 per annum
(Renewable every January)
- Life Membership \$100.00
- Corporate Membership \$500.00

ALL PERSONAL INFORMATION ARE CONFIDENTIAL

Cheque must be crossed and made payable to: **National Arthritis Foundation**

Bank and Cheque No: _____

Name: Prof, Dr, Mr, Mrs, Mdm, Ms _____

Address: _____

_____ Singapore _____

Date of Birth: _____ NRIC No: _____ Gender: Female / Male

Contact Tel: _____ (Home / Office / Hpn)

Email:

(Please provide personal email address)

Are you suffering from Arthritis? Yes / No

If Yes, type of Arthritis: AS Gout JIA OA PsA RA SLE Others: _____

_____ Date _____

Signature of Member

For Corporate Membership

Nominee Name: Prof, Dr, Mr, Mrs, Mdm, Ms _____

Designation: _____

Company Name: _____

Company Reg. No: _____

Please attach namecard

_____ Date _____

Signature of Corporate Member & Company Stamp

I would like to donate: \$100.00 \$200.00 \$500.00 Amount \$ _____

Issue Receipt in the name of: _____

NRIC # / Company Registration No: _____ Bank & Cheque No: _____

All donations are Tax Deductible

Thank You

National Arthritis Foundation

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www.naf.org.sg