

# MEMBERSHIP APPLICATION FORM



- Type:  Annual Member \$12.00 per annum (revised to \$25.00 From 1 Jan 2020) (Renewable every January)  
 Life Member \$100.00  
 Corporate Member \$500.00 (Renewable every January)

## ALL PERSONAL INFORMATION ARE CONFIDENTIAL

Name: Prof, Dr, Mr, Mrs, Mdm, \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Singapore \_\_\_\_\_

Date of Birth: \_\_\_\_\_ NRIC No: \_\_\_\_\_ Gender:  Male  Female

Hp Contact: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Member*

Date \_\_\_\_\_

### For Corporate Membership

Nominee Name: Prof, Dr, Mr, Mrs, Mdm, Ms \_\_\_\_\_

Designation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Reg. No: \_\_\_\_\_ Please attach Namecard

\_\_\_\_\_  
*Signature of Corporate Member & Company Stamp*

Date: \_\_\_\_\_

I would like to donate:  \$50.00  \$100.00  \$ \_\_\_\_\_

Issue Receipt in the name of: \_\_\_\_\_

NRIC # / Company Registration No: \_\_\_\_\_

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

Bank and Cheque No: \_\_\_\_\_ or Bank Transfer: Maybank 04211107334 SGD  
Please Indicate: (Name – Annual / Life / Corp/ Donation)

*All donations are Tax Deductible*

*Thank You*

National Arthritis Foundation

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[www.naf.org.sg](http://www.naf.org.sg)