

MEMBERSHIP APPLICATION FORM



Type: Annual Member \$25.00 per annum (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

100 Lorong 23 Geylang • #01-01 D'Centennial • Singapore 388398

Tel: (65) 6227 9726

www.naf.org.sg