MEMBERSHIP APPLICATION FORM

National Arthritis Foundation
www.naf.org.sg

Type: ☐ Life Member S$100.00

ALL PERSONAL INFORMATION ARE CONFIDENTIAL

Full Name (Prof/Dr/Mr/Mrs/Mdm/Ms)**:**

_____

Nationality:_____

Date of Birth:_____ **Contact Number:**_____
(DD/MM/YYYY)

Gender: ❒ **Male** ❒ **Female**

Email: _____
(Please provide personal email address)

- Are you suffering from Arthritis? YES / NO
- How did you hear about NAF? ❒ Website ❒ Word of Mouth ❒ Social Media
  ❒ Event ❒ Others: _____

By signing up as a NAF member, you agree to receive news/notices from NAF. NAF does not sell user information to third parties. All personal data received by NAF is used strictly to communicate with members for NAF-related activities.

_____ _____
Signature of Member **Date**

Payment Mode:

1. Cheque should be crossed and made payable to: **National Arthritis Foundation.**
   Please mail to:
   Address: 100 Lorong 23 Geylang #01-01 D'Centennial Singapore 388398
   Bank and Cheque No: _____

2. Payment by bank transfer should be made to:
   Payee: **National Arthritis Foundation**
   Bank's Name: **Maybank Singapore Limited**
   Account No: **04211107334**
   Please indicate "**Your name – Life**" under remarks.

3. Payment via PayNow:
   National Arthritis Foundation
   UEN: **S84SS0010J**
   SCAN TO PAY
   Please indicate "**Your name – Life**" under reference.

Email completed form to: **carmen@naf.org.sg**