

**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** |