

# Heart Failure Society (Singapore) Membership Application Form

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I wish to apply for the following membership with the Heart failure Society (Singapore):

Type of Membership	Fee	Select Accordingly	Remarks
Ordinary Member (1 year)	\$50		Complete Parts 1 and 2
Associate Member (1 year)	\$25		
Corporate Member (1 year)	\$1000		Complete Part 3
Corporate Member (5 year)	\$3000		

I / The Company\* shall abide by the rules and regulations of the Society as detailed in the Constitution of the Heart Failure Society (Singapore).

I enclose herewith the payment of \$..... being the fee for membership, as indicated above.

Please make **cheque** payable to “Heart Failure Society (Singapore)”, and mail it to  
**Heart Failure Society (Singapore)**  
**38 Irrawaddy Road, #06-42, Singapore 329563**

Or **PayNow** to:

UEN: **T16SS0212J**

Entity Name: **Heart Failure Society (Singapore)**

Payment reference: **Membership (Name)**

\*Delete accordingly

<b>PART 1- PERSONAL PARTICULARS</b>			
Name in BLOCK LETTERS as in NRIC/Passport: [Please Underline Your Surname/Family Name (if applicable)]			
Dr/Mr/Miss/Ms/Mrs/Mdm:			
Nationality:	NRIC / Passport number:	Gender:	Current place of employment:
Mailing Address:		Profession registration type:	
Postal Code:		Medical / Nursing / Pharmacy / Others: _____ Number: _____	
Telephone: _____ (H) _____ (HP) _____ (O)			
Email:			

**PART 2 - PROFESSIONAL QUALIFICATION** (List in chronological order)

Year	Qualification Attained

Professional interest (list up to three):

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**PART 3- COMPANY PARTICULARS**

Name in BLOCK LETTERS as in ACRA Registration:

Business Registration number:

Nature of Business Company Is In

Mailing Address:

Postal Code:

Contact Person Name

Designation

Telephone:

\_\_\_\_\_ (H) \_\_\_\_\_ (HP) \_\_\_\_\_ (O)

Email:

Signature: .....

Date: .....