

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, #07-58, Singapore 329563

Or **PayNow** to:
 UEN: **T16SS0212J**
 Entity Name: **Heart Failure Society (Singapore)**
 Payment reference: **Membership (Name)**

*Delete accordingly

PART 1- PERSONAL PARTICULARS			
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):

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: