

MEMBERSHIP APPLICATION / RENEWAL FORM

Personal Particulars

Name (please underline surname) <i>(required field)</i>	
NRIC / Passport <i>(required field)</i>	Birthday (dd/mm/yyyy) <i>(required field)</i>
Nationality <i>(required field)</i>	Membership Registration Number <i>(for renewals)</i>
Address <i>(required field)</i>	Postal Code <i>(required field)</i>
Home Telephone Number	Religion
Mobile Telephone Number	Occupation
Email Address	Highest Educational Qualification
Details of relationship to existing member (Name of existing member / relationship) <i>(for automatic renewal of related members under 18)</i>	

Medical Information / Financial (if you are a patient / optional)

Blood Type	Thalassaemia Type (eg beta major, intermedia, carrier)
Hospital of treatment/transfusion	Chelation Type (eg L1/Exjade/Desferal/Combination)
Doctor's Name / Contact Number	Income Level (please delete inapplicable) Less than \$1500 \$1500 or more

***this information will be kept confidential**

For new members:

1. Entrance Fee of \$10/-
2. Membership fee:
 - a. \$10/- for members 18 years and above as of 1st Jan of current membership year
 - b. free for members under 18 years of age as of 1st Jan of current membership year
 - c. for waiver of fee due to MSW, please attach current MSW letter

I enclosed a cheque for \$

Bank: Cheque No.:
(please indicate full name and NRIC at the back of the cheque)

OR

Cash Payment Amount \$

Received by

Date Receipt Number

Signature of applicant/member

Date: