

MEMBERSHIP APPLICATION / RENEWAL FORM

Personal Particulars	
Name (please underline surname) (required field)	
NDIO / Decement / 1 15/10	Distribute (distribute to the control of the contro
NRIC / Passport (required field)	Birthday (dd/mm/yyyy) (required field)
Nationality (required field)	Membership Registration Number (for renewals)
Transfirming (roganou noid)	memberemp regionation realises (not renewall)
Address (required field)	Postal Code (required field)
Home Telephone Number	Religion
Mobile Telephone Number	Occupation
Wobile Telephone Number	Occupation
Email Address	Highest Educational Qualification
Details of relationship to existing member (Name of existing member / relationship) (for automatic renewal of related	
members under 18)	
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)
Destaria Nama / Cantant Number	la como la contrata de la terra della terra della della terra della terra della terra della terra della terra dell
Doctor's Name / Contact Number	Income Level (please delete inapplicable) Less than \$1500
	\$1500 or more
*this information will be kept confidential	4 1000 of more
For new members:	
 Entrance Fee of \$10/- 	
2. Membership fee:	
a. \$10/- for members 18 years and above as	s of 1 st 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 	
c. Tot waiver of fee due to Movv, please atta	CIT CUITETIC INCOVERENCE
†I enclosed a cheque for \$	
,	
Bank: Cheque No.:	
(please indicate full name and NRIC at the back of the che	eque)
0.0	
<u>OR</u>	
Cash Payment Amount \$	
Oasii i ayiiiciit Airiouiit \$	Signature of applicant/member
Received by	• • • • • • • • • • • • • • • • • • • •
	Date:

Date Receipt Number