

MEMBERSHIP APPLICATION FORM

(Parent of patient below 18 years old)

I wish to apply to be a member of the Crohn's & Colitis Society of Singapore and agree to abide by the Society's Constitution, Bye-Laws and other regulations if my application is accepted.

My particulars are as follows:

Name (*as in NRIC*): Mr/Mrs/Dr/Mdm _____
(*Underline family name*)

NRIC No.: _____ Date of Birth: _____ (dd/mm/yyyy)

Address: _____
_____ Postal Code: _____

Telephone No.: _____ Email address: _____

My child/ward's particulars are as follows:

Name (*as in NRIC*): Mr/Ms _____
(*Underline family name*)

NRIC No.: _____ Date of Birth: _____ (dd/mm/yyyy)

I agree to pay the annual subscription fee of S\$20.00 for individual membership

I agree to pay the life-time subscription fee of S\$200.00 for individual membership

I wish to **donate** a sum of S\$ _____ Bank & Cheque No.: _____

ATM & ONLINE payment to Crohn's & Colitis Society of Singapore

BANK DETAILS: DBS Current A/c Number 003-920701-8

Signature of Applicant (parent/guardian)

Date (dd/mm/yyyy)