

MEMBERSHIP APPLICATION FORM

(Patient above 18 years old)

I/We 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/our application is accepted. My/our particulars are as follows:

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

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

Address: _____
_____ Postal Code: _____

Telephone No.: _____ Email address: _____

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**

We agree to pay the annual subscription fee of S\$200.00 for **Corporate Membership**

I/We 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/ Authorised Signatory for Company

Date (dd/mm/yyyy)