



Haemophilia Society of Singapore

Farrer Road, P O Box 0273 Singapore 912810

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Email: haemophilia.sg@gmail.com

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APPLICATION FOR MEMBERSHIP

Name (in block letters) : _____ NRIC : _____

Citizenship: Singapore Citizen Permanent resident
 Others (please specify) _____

Date of Birth : _____ Sex : _____

Address _____

_____ Postal Code (_____)

Tel. No. (Home) _____ (Handphone) _____

Please indicate if you are :

Haemophiliac Relative Interested Person

If Haemophiliac: **A** or **B**

Percentage Level _____

Please indicate subscription fees applying for :

\$40.00 for one (1) year **\$100.00** for three (3) years

Enclosed please find my cheque (Bank / Cheque No _____)

for \$ _____.

Signature of Applicant

Date

Approved by :

Honorary Secretary

Date