



AUTISM ASSOCIATION (SINGAPORE)

MEMBERSHIP FORM

Particulars of Applicant

Name of applicant (parent/guardian):

Mr. / Ms. / Mrs. / Mdm. / Miss / Dr. _____

Contact Person (if different from above):

Mr. / Ms. / Mrs. / Mdm. / Miss / Dr. _____

Nationality: _____ **NRIC/Passport No.:** _____

Name of spouse:

Mr. / Ms. / Mrs. / Mdm. / Miss / Dr. _____

Address: _____

Contact Numbers:

Home : _____ Office: _____ Mobile: _____

Email: _____ (Required - e.g. john@singnet.com.sg)

Particulars of Child (if applicable)

Name of child: _____

Birth Certificate Number: _____ **Date-of-birth:** _____

Relationship to applicant: _____ **Sex:** Male / Female

Membership Class and Fees

I am applying for **Life / Ordinary**.

1. **Life Membership** \$200 (one time)
2. **Ordinary Membership** \$20 per annum

Declaration

I declare that the above details are correct. I also acknowledge that I have reviewed the **Constitution** and rules of the Association and agree to abide by them if accepted as a member of the Association.

Date: _____ **Signature:** _____

Please print out the form above, sign and date on the spaces and send it to us together with your donation cheque to:

Autism Association (Singapore) 101 Bukit Batok West Avenue 3 #01-01 Singapore 659168
Cheque to be made payable to **Autism Association (Singapore)**