

# SINGAPORE MEDICAL ASSOCIATION MEMBERSHIP APPLICATION (2012)

2 College Road, Level 2, Alumni Medical Centre, Singapore 169850  
Tel: 6223 1264 Fax: 6224 7827 Email: [sma@sma.org.sg](mailto:sma@sma.org.sg) Website: [www.sma.org.sg](http://www.sma.org.sg)



**Membership Type :**  Ordinary  Overseas  Spouse  Student  Others: \_\_\_\_\_

## PERSONAL PARTICULARS

<b>Salutation:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor <input type="checkbox"/> Emeritus Professor <input type="checkbox"/> Others: _____		<b>NRIC/Passport/FIN No.:</b>
<b>Full Name</b> (as in NRIC/FIN/Passport) : * <u>Underline Surname</u>		<b>Nationality:</b>
<b>Name of Spouse</b> (if applying for Spouse Membership): * a copy of Marriage Certificate is required to support this application.		<b>Date of Birth:</b>
<b>Race:</b>	<b>Religion:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Others: _____		
<b>Hobbies/Interests:</b>		
<b>How did you know about the SMA:</b> <input type="checkbox"/> SMA Newsletter <input type="checkbox"/> Singapore Medical Journal <input type="checkbox"/> SMA Website <input type="checkbox"/> Hospitals <input type="checkbox"/> Employer <input type="checkbox"/> Friends/Colleagues <input type="checkbox"/> Others: _____		

## PRACTICE ADDRESS

<b>Name of Clinic / Institution:</b>	
<b>Address:</b>	<b>Tel:</b>
	<b>Fax:</b>
<b>Postal Code</b> [                      ]	
<b>Email:</b>	<b>Website:</b>

## HOME ADDRESS

<b>Address:</b>	<b>Tel:</b>
	<b>Fax:</b>
<b>Postal Code</b> [                      ]	
<b>Private Email:</b>	<b>Mobile:</b>
<b>Preferred Mailing Address:</b> <input type="checkbox"/> Home <input type="checkbox"/> Practice	

## PROFESSIONAL QUALIFICATIONS

<b>Basic Qualification:</b>	<b>Country of Graduation:</b>	<b>MCR No.:</b>
<b>Medical School/ University:</b>		<b>Year of Graduation:</b>
<b>Postgraduate Qualifications (registerable with SMC):</b> <i>(state country and year of qualification)</i>		<b>Area of Practice:</b> <input type="checkbox"/> SingHealth <input type="checkbox"/> NHG <input type="checkbox"/> Alexandra Health <input type="checkbox"/> MOHH <input type="checkbox"/> Government <input type="checkbox"/> Military <input type="checkbox"/> Academic <input type="checkbox"/> Private <input type="checkbox"/> NUHS <input type="checkbox"/> Others: _____
<b>Specialty:</b>	<b>Designation:</b>	

## RATES

<b>Annual Subscription Fees for Year 2012</b>	
Graduated in Year 2012:	\$53.50
Graduated in Years 2009 to 2011:	\$107.00
Graduated in Years 2006 to 2008:	\$160.50
Graduated in Years 2005 and before:	\$214.00
Spouse Membership <i>(Complimentary)</i> :	N.A.
Overseas Membership:	\$150(net)
Student Membership <i>(Complimentary)</i> :	N.A.
<i>Above Rates are in Singapore Dollars and includes 7% GST (except for Overseas Membership)</i>	
<i>Please address your Cheque to: "Singapore Medical Association"</i>	

## PAYMENT MODE & VERIFICATION

<input type="checkbox"/> <b>I enclose</b>	<input type="checkbox"/> <b>S\$</b>	<input type="checkbox"/> <b>CHEQUE</b>																	
<input type="checkbox"/> <b>CASH</b>		<b>Bank:</b>																	
		<b>Cheque No.:</b>																	
<input type="checkbox"/> <b>CREDIT CARD</b> (VISA/MasterCard Only):																			
Credit Card No.:																			
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I, the undersigned, confirm that the facts and details provided are true and accurate to the best of my knowledge. As a member of SMA, I agree to be bound by the SMA Constitution at all times.																			
<b>Signature of Applicant:</b>	<b>Office Use Only</b>																		
	<b>Date Received:</b>	<b>Welcome Pack:</b>																	
<b>Date:</b>	<b>Receipt No.:</b>	<b>Receipt Date:</b>																	