



c/o K.K. Women's & Children's Hospital, 100 Bukit Timah Road, Singapore 229899

MEMBERSHIP / MEMBERSHIP RENEWAL FORM

Members are required to complete this registration form and **return** to:

Via email : Siti.Nurfadilah@kkh.com.sg or
 By post : KK Women's & Children's Hospital, 100 Bukit Timah Road, Department of Neonatology, Level 2, Women's Tower, Singapore 229899.

SECTION 1: MEMBER CONTACT INFORMATION

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Others, specify:			
Surname				
Given Name				
Institution				
Address 1			Telephone (o)	
Address 2			Telephone (h)	
Address 3			Mobile no.	
Country			Email address	
Postal code				

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

Member type	Joining fee	Membership application date	Membership due date	Please tick
5 years	S\$50			
Life (15 years)	S\$150			
Payment method	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque – issue to “Perinatal Society of Singapore”			

SECTION 3: MEMBERSHIP RENEWAL

Member type	Renewal fee	Membership – date joined	Membership due date	Please tick
5 years	S\$50			
Life (15 years)	S\$150			
Payment method	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque – issue to “Perinatal Society of Singapore”			

FOR PERINATAL USE ONLY:

Date received		Cash received		Cheque received	
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