

MEMBERSHIP FORM

Send by mail: 695E East Coast Road, Singapore 459059 or
Email to: osteoporosis_society@themeetinglab.com

PERSONAL PARTICULARS

Name (Please <u>underline</u> family name)	
NRIC:	Date of Birth: ____/____/____ (DD/MM/YY)
Gender:	Profession:
Mailing Address:	
Home/Mobile No:	Email:

MEMBERSHIP TYPE

My Membership Type	(Please tick accordingly)
	Yearly Payment: (From January – December of each year)
	____ Ordinary Member (below 60years old, \$20)
	____ Retiree Member (above 60years old, \$10)
	Lifetime (One Time Payment)
	____ Life Member (below 60years old: \$150) (above 60years old: \$75)

PAYMENT

1) Cheque Payment: To be made payable to **Osteoporosis Society (Singapore)**

I enclose Cheque Number _____ of amount \$ _____ for my membership fee due.

2) Bank Transfer: (To advise us once payment is made for tracking and record purposes)

Bank Account Name: Osteoporosis Society (Singapore)
Bank Name: DBS Bank Ltd Bank
Bank Account No: 004-022123-0

REFER A FRIEND

To be a member of the OSS and we will get in touch with him/her

Name (Please underline family name) :

Contact Number:

Email:

Signature / Date