



SREE NARAYANA MISSION (SINGAPORE)

Yishun Central P.O. Box 7047, Singapore 917699 E-mail: sreenarayana@sreenarayanamission.org

SREE NARAYANA MISSION HOME FOR THE AGED SICK

12 Yishun Avenue 5, Singapore 768992 Tel: 67521785 Fax : 67529548

APPLICATION FOR MEMBERSHIP (LIFE/ORDINARY/ASSOCIATE/JUNIOR)**

NOTES:

1. The Subscription for Life Membership is \$250, Ordinary & Associate Membership is \$25 (yearly) and Junior Membership is \$10 (yearly)
2. A photocopy of the NRIC of the Applicant should accompany this application (where applicable)
3. Mark () where appropriate, ** Delete where inapplicable

PART 1- PARTICULARS OF APPLICANT:		
1. Full Name in BLOCK LETTERS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mr Mrs Miss Mdm	2. Sex <input type="checkbox"/> <input type="checkbox"/> M F	3. Singapore NRIC No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Country of Birth	5. Nationality	6. Date of Birth (DD/MM/YYYY)
7. Residential Address Telephone/HP/Pager No.**-----		
8. Occupation		
PART II – DECLARATION: I declare that the particulars and information given in this application form are to the best of my knowledge and belief, true and correct. If this application is approved, I agree to abide by the Rules and Regulations of the Mission.		
Date:----- (DD/MM/YYYY)		Signature of Applicant
Name of Proposer:-----	Name of Seconder-----	
Membership No:-----	Membership No:-----	
Address:----- -----	Address:----- -----	
Signature of Proposer:-----	Signature of Seconder:-----	
FOR OFFICIAL USE		
Application APPROVED/NOT APPROVED**		Membership No:-----
Date:-----		President Sree Narayana Mission (Singapore)

All donations to the Sree Narayana Mission Home For The Aged Sick are tax exempted. We are supported by the National Council of Social Services , the Community Chest & Ministry of Health