



PARKINSON SOCIETY SINGAPORE

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A Registered Charity with the National Council of Social Service UEN S96SS0203J

Parkinson Society Singapore
新加坡帕金森协会

MEMBERSHIP APPLICATION/RENEWAL FORM

会员申请 / 更新表格 (Year 年度)

Form with fields: Date of application, Name, Race, NRIC No, Date of Birth, Occupation, Year of diagnosis, Address, Singapore, Visiting Doctor's Name, Tel, Mobile, Email, Person to contact, Relationship, Mobile.

Please delete or tick where appropriate 请在适当的空格内打勾:

I am / 我是: Person With Parkinson, Healthcare professional, Caregiver, Others.

Membership Category: Life Member, Senior Life Member, Corporate Member, Ordinary Member, Senior Ordinary, Newsletter / Flyer.

In addition 此外: I would like to make a donation to the Society 我想为帕金森病协会作出捐款...

Name 姓名: I/C No. 身份证号码:

Payment Mode: Credit Card Payment (Visa/ Master Card only) No. 信用卡 Expiry Date

Cheque Payment (Payable to "Parkinson Society Singapore") 支票
Bank / Cheque No. 支票号码 Amount: \$
Cash 现金 Amount: \$

By checking this box, I consent to the use of my personal data provided in this membership form by PSS for the specific purposes of sending me PSS announcements and any other communication on matters pertaining to PSS-related programmes, events and services.

Official use only
Received Date: Amount: Receipt No.