



MEMBERSHIP APPLICATION FORM NEW / RENEWAL* (please circle accordingly)

新会员申请表/更新表格* (请圈起适当的选项)

DATE OF APPLICATION 申请日期		
Name 姓名 *Prof/Dr/Mr/Mrs/Mdm/Ms:		Race 种族:
NRIC No. 身份证号码:	Age 年龄:	Date of birth 出生日期:
Occupation 职业:		Year of diagnosis 诊断年度:
Address 住址:		Postal code 邮区:
Visiting doctor's name & clinic/hospital 医生名字和诊所/医院名称:		
Tel 联络号码:	(Home 住宅) (Mobile 手机)	Email 电邮:
Person to contact in case of emergency 紧急联络人士 Name 姓名:	Relationship 关系:	Mobile 手机:

PLEASE TICK WHERE APPROPRIATE 请在适当的空格内打勾	
I am 我是	<input type="checkbox"/> Person with Parkinson 帕金森人士 <input type="checkbox"/> Caregiver 看护者
	<input type="checkbox"/> Healthcare Professional 医疗专业人士 <input type="checkbox"/> Others 其他 (please specify 请注明):
Membership Category 会员类别	
Ordinary Member <input type="checkbox"/> \$50 / calendar year 普通会员	Senior Ordinary (aged 60 & above) <input type="checkbox"/> \$30 / calendar year 乐龄普通会员 (60岁或以上)
Newsletters / Flyers to be sent by <input type="checkbox"/> Post (邮寄) <input type="checkbox"/> Email (电邮) 协会简报	
Name & NRIC No.: 姓名与身份证号码	Signature & Date: 签名与日期

Donation (Optional) 自愿捐款

I would like to make a donation to the Society of this amount 我想捐款给帕金森协会, 在此注明捐款数额: \$ _____

(A single donation of \$50 & above will be eligible for IRAS tax deduction. 捐款数额\$50或以上可享有IRAS税务扣除。)

I would like my Tax Deductible Receipt. 请发给我可扣税收据。

No, I do not need a Tax Deductible Receipt. 我不需要可扣税收据。

Payment Mode 付款方式

Credit Card Payment (VISA/Master Card only) No. 信用卡

Expiry Date 有效期

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Cheque payment payable to "Parkinson Society Singapore" (支票请付予 "Parkinson Society Singapore")

Bank/Cheque No. 支票号码: _____ Amount 数额: \$ _____

Cash 现金 Amount 数额: \$ _____

To be handed to PSS personally – please do not send cash through post. 请别邮寄现金, 亲手交至新加坡帕金森协会办公室。

FOR OFFICIAL USE ONLY 仅供官方使用

Received Date:

Amount:

Receipt No.:

接收日期 _____

数额: \$ _____

收据号码: _____