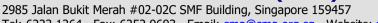
SINGAPORE MEDICAL ASSOCIATIONMEMBERSHIP APPLICATION (2021)







Membership Type:	Ordinary Membership	New	□ Conversion						
PERSONAL PARTICUE Salutation:	JLARS Ms								
Full Name (as in NRIC/F. * <u>Underline</u> Surname:	N/Passport) :		Nationality:						
			Date of Birth:						
Race:	Religion:		Gender: □ Male □ Female						
Marital Status: ☐ Singl	e □ Married □ Separated □ Divor	ced □ V	Vidowed □ Others:						
HOME ADDRESS									
Address:			Tel:						
			Fax:						
	Postal Code [1							
Email:	1 0000 [Mobile:						
PROFESSIONAL QUA	ALIFICATIONS	1							
Country of Graduation:			Year of Graduation:						
Singapore			2021						
Medical School/ Univer	sity:								
PRACTICE ADDRESS		<u>.</u>							
Name of Organization			*please circle						
* NUHS / NHG / SING	HEALTH / OTHERS (Please Specify)							
Name of Hospital									

MEMBERSHIP GIFTS

Convert to Ordinary Membership by <u>31 August 2021</u> to enjoy half year rate and receive these attractive gifts too!



- SMA 4-in-1
 Multi-functional Pen (worth \$25)
- SMA 32GB USB Thumbdrive (worth \$30)
- SMA Lanyard
- SMA Mask
- SMA Car Decal
- Complimentary 6-month
 AIA Solitaire Lite Plan**

** I agree to be contacted by SMA's partner to enjoy 6 months of complimentary worldwide protection with AIA Solitaire Lite, a personal accident plan that takes care of medical bills due to accident-related injuries.

PAYMENT MODE & VERIFICATION															
Payment for	1/2 Year Membership: \$26.75 (Half Year rate from July to December 2021) (Subsidised rate for doctors in training who graduated in 2021: \$53.50; Full Ordinary Membership fees: \$214.00) ^ Applicable for conversion before 31 August 2021 only														
#PAYNOW (UEN No. S61SS0168E) #BANK TRANSFER to SMA DBS Account No: 001-063564-6 #Please indicate your full name as in NRIC as your reference number so that we can trace your payment CHEQUE (Cheque No) payable to "Singapore Medical Association" CREDIT CARD (VISA/MasterCard Only):															
Credit Card No. Expiry Date:		l last	(MM)		y).	- Seci	urity N	lo.:			-				
I, the undersigned, confirm that the facts and details provided are true and accurate to the best of my knowledge. As a member of SMA, I agree to be bound by the SMA Constitution at all times. I understand that my SMA Membership is based on an auto renewal basis at the start of each calendar year. Any requests regarding your membership status should be sent in writing via mail or to membership@sma.org.sg, subject to approval from the SMA Council.															
Signature of Applicant:				Office Use Only Date Received:				W	Welcome Pack:						
Date:					R	Receipt No.:				Re	Receipt Date:				