



Diabetes Singapore Membership Application

Name: (Dr/Mr/Mrs/Mdm/Miss) _____

NRIC No.: _____ Age: _____ Date of Birth: _____

Nationality: _____ Occupation: _____ Sex: M / F

Address: _____

_____ Postal Code: _____

Marital Status: _____ Language Spoken: _____

Contact: _____ (H) _____ (O) _____ (HP)

Email: _____

Are you a Diabetes patient? Yes/No First Diagnosed in _____

Current Treatment: Oral Medication / Insulin Injection / Both

Membership Fees

Ordinary Member			
<input type="checkbox"/> \$35 (Jan to Dec)	<input type="checkbox"/> \$25 (Jul to Dec)	<input type="checkbox"/> \$70 (3 years*)	<input type="checkbox"/> \$105 (5 years*)
Associate Member			
<input type="checkbox"/> \$10 (Jan to Dec)			

** Free glucometer to newly registered members who sign up for 3 years and 5 years membership.
All prices are inclusive of \$15.00 entrance fee.*

Amount: S\$ _____ (Cheque/Cash) Bank/Cheque No.: _____

(Cheque payable to "**Diabetes Singapore**")

[Mail to: Blk 528 Jurong West St 52, #01-353, Singapore 6564 9818]

[Fax: 6564 9861 Tel: 6564 9818]

Signature: _____ Date: _____

Benefits for DS Members:

- 1) Discounted prices for diabetical medical supplies, screening and services at DS Centres.
- 2) Complimentary copies of Society's quarterly newsletter.
- 3) Participate in public forums and workshops at special rates.

Note: Personal data collected will be used solely for Society's activities.

FOR OFFICIAL USE

Membership No.: _____ Centre: _____

Receipt No.: _____ Date Received : _____

Type of glucometer supplied: _____ (only applicable to members who sign up for 3 and 5 years)