

## SOHNSS MEMEBERSHIP APPLICATION FORM

1. TYPE OF MEMBERSHIP (Please tick v)		
	<b>Full Membership</b> (SGD 30.00)	For O-HNS Specialists who are registered with the Singapore Medical Council
	<b>Associate Membership</b> (Complimentary)	For registered Medical Practitioners and to persons who are not medically qualified, but whose occupation or interest is concerned with the art and science of Otolaryngology

2. PERSONAL PARTICULARS (This form will require approximately 15mins to complete)	
Title*:	Mr / Mrs / Mdm / Ms / Dr / Prof
First/Given Name*:	
Last/Family Name*:	
Date of Birth*:	DD / MM / YYYY
MCR No*:	
Marital Status*:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others: _____
Sex*:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Religion*:	
Nationality / Citizenship*:	
Residential Address*:	
Postal Code*:	
Contact Number*:	(Home)
	(Mobile)
Email*:	

3. PLACE OF WORK	
Institution / Organisation:	
Department (if any):	
Address:	
Postal Code:	
Contact Number:	(Works)

4. EDUCATION QUALIFICATIONS* (in chronological order)			
Qualification Attained	Year Attended / Completed	Institution & Country	Course / Major (s)
a.			
b.			
c.			
d.			
e.			

*\*Please use separate sheet if space is insufficient*

5. REFEREES (Two Full Members Required)*		
The Proposer and Secunder should be Full Members of SOHNSS. The Proposer should verify the statements made by the applicant as far as possible, initial the appropriate entries and sign photocopies of supporting documents to indicate the originals have been seen.		
a.		
b.		
c.		
d.		

Payment Information	
Please be reminded that payment of SOHNSS membership and processing fees should accompany this application. Do note that payment of an incorrect amount would lead to a rejection of this application. Please choose either payment through PayPal, cheque or internet banking as per instructions below. If cash payment is preferred, <b>please do not submit cash by post</b> . Contact the secretariat office (details below) to discuss suitable alternatives.	
Membership Fees (accurate as of July 2016)	
Membership Type* (please choose one)	Amount (Note: All stated amounts are in SGD)
<input type="checkbox"/> Full Membership	\$30
<input type="checkbox"/> Associate Membership	\$0
<p><b>Payment Instructions:</b></p> <p>The preferred mode of payment is through the PayPal portal, which can be found on the SOHNSS membership application webpage: <a href="http://sohnss.org.sg/membership">sohnss.org.sg/membership</a>.</p> <p><u>PayPal</u></p> <p>Please set up a PayPal account (if you do not have one) through the links on the SOHNSS membership application webpage and choose the right category of membership. Do note that an annual recurring payment instruction will be set up to help applicants ensure that their membership fees are paid on time (this option can be removed).</p> <p>You may also pay through the following options:</p> <p><u>Cheque Payment</u></p> <p>Please issue a cheque made to payee: <b>SOHNSS</b> with respective payment amount. Please write your <u>full name</u> or <u>membership number</u> at the back of the cheque for easy verification.</p> <p><u>Internet Banking Payment</u></p> <p>If Internet banking is preferred, please arrange for a bank transfer to:</p> <p>A/C Name: SOHNSS A/C Number: 339-302-158-4 Bank Code: 7375 Branch Code: 016 Swift Code: UOVBSGSG Bank address: UOB Novena Square Branch 238A Thomson Road #01-38 Novena Square Singapore 307685</p> <p>If paying by internet banking or PayPal, please indicate the transaction reference number and take a print screen of transfer amount made and email / attach it together with your application package. Please also include your <u>full name</u> or <u>membership number</u> in the email / attachment for easy verification.</p> <p>Please send your application package and all relevant documents to the following address:</p> <p style="text-align: center;"><b>SOHNSS Secretariat</b> c/o Events.360 Pte Ltd 2 Jalan Rajah #05-20 Singapore 329134 Email: <a href="mailto:secretariat@sohnss.org">secretariat@sohnss.org</a></p>	