



Membership Application Form

The Hon. Secretary
Singapore Association of the Visually Handicapped
47 Toa Payoh Rise
Singapore 298104.

I wish to become a **Life Member** an **Ordinary Member** a **Junior Member** of the Singapore Association of the Visually Handicapped and I enclose **cash** **cheque** **money order** for the sum of S\$_____.

Annual Subscription:	\$15.00 (Sighted)	\$ _____
	\$5.00 (Visually Handicapped)	\$ _____
	\$2.00 (Junior)	\$ _____
Life Membership:	\$150.00 <input type="checkbox"/> Sighted <input type="checkbox"/> Visually Handicapped	\$ _____

My particulars are as follows:-

Name: Dr Mr Mrs Ms Mdm _____

Name in Chinese Characters (if any): _____ NRIC No: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Occupation: _____ Address: _____

_____ Postal Code: _____

Tel No: (Home) _____ (Office) _____ Mobile: _____

Material Preferred: Print Braille Audio Email _____

By submitting this form, I fully understand and consent to the collection, use, disclosure and retention of my personal data for the purpose of processing my membership application and for subsequent updates in accordance to the terms stated in SAVH's Data Protection Policy (A copy of which is available at www.savh.org.sg). I confirm that all information and details here are true, correct and complete and SAVH will maintain the information confidentially and will not use my personal data for other purposes.

Signature: _____ Date: _____

Name of Proposer: _____ Signature: _____

Name of Seconder: _____ Signature: _____

For Official Use Only	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved at EXCO Meeting held on _____	
Name: _____	Signature: _____

Please tick (✓) where appropriate.