



Honorary Secretary
Singapore Association of the Visually Handicapped
47 Toa Payoh Rise
Singapore 298104

Passport
Size
Photo

SAVH MEMBERSHIP APPLICATION FORM

I wish to become ☐ **Life Member** ☐ **Ordinary Member** ☐ **Junior Member** of the Singapore Association of the Visually Handicapped and I enclose ☐ **Cash** ☐ **PayNow** ☐ **Bank Transfer** ☐ **CDC voucher** for the sum of S\$_____ as subscription fee.

Ordinary Membership: ☐ \$15.00 (Sighted) per annum ☐ \$5.00 (Visually Handicapped) per annum
☐ \$2.00 (Junior - below 21 years old) per annum

Life Membership: \$150.00 ☐ Sighted ☐ Visually Handicapped

Personal Particulars

Name (As per NRIC): ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Mdm _____

Preferred Name: _____ Name in Chinese Characters: _____

Gender ☐ Male ☐ Female Race: _____ Nationality: _____

ID Type: ☐ NRIC ☐ FIN ☐ Passport No: _____ (please attach a copy of ID for verification)

Date of Birth: _____ Religion: _____ Occupation: _____

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

☐ Personal email : _____ ☐ Work email : _____

(pls select preferred email for future correspondences)

Address: _____

_____ Postal Code: _____

Preferred Mode of receiving Materials, choose one:

☐ Print ☐ Braille ☐ Audio ☐ Email

Incomplete form will be rejected.

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: _____

Proposer & Secondor (Existing SAVH Members)

Name of Proposer: _____ Signature: _____

Name of Secondor: _____ Signature: _____

For Official Use Only

☐ Approved ☐ Not Approved by EXCO on _____

Name of Secretariat Staff: _____ Signature _____

☐ Please tick (✓) where appropriate.