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| Date Received | |
| Approval | |

ORDINARY MEMBERSHIP APPLICATION / RENEWAL FORM

APPLICANT'S INFORMATION

Salutation : Prof. A/Prof. Dr. Mr. Ms Mdm

Full Name: : _____
(As in NRIC/PP) (Kindly print your Family/Last Name in CAPITAL)

Marital Status : _____ Date of Birth : _____

MCR/SNB/Reg No : _____

Designation : _____

Department : _____

Institution : _____

Mailing Address : _____

Contact No : _____ (Office) _____ (Mobile)

Email* : _____
**Kindly ensure that email is written clearly.*

APPLICANT'S DECLARATION

I would like to **apply/renew*** the membership with Healthcare Quality Society of Singapore and enclose payment of **\$25.** (Bank: _____ Cheque no: _____) for the Year of _____.

Signature _____

Date _____

**Please delete accordingly.*

MEMBERSHIP INFORMATION

Ordinary Members (\$25/year) are practising healthcare quality professionals or any person interested/involved in healthcare quality and must be Singapore Citizens or Singapore Permanent Residents

Associate Members (\$25/year) shall be Non-Residents and shall have neither the right to vote nor the right to hold office in the Society.

Term of Membership

All application is for 1 year membership only and renewable each year.

PAYMENT NOTES

Please return the completed application form to **HQSS Secretariat**, together with your cheque payment, made payable to **Healthcare Quality Society of Singapore**.

You will receive an official receipt from the Secretariat within 10 working days.

TERMS & CONDITIONS

By submitting my application, I agree to the collection, use and/or disclosure of my personal data for the purpose of administrating and managing my application for the Society.

HQSS Secretariat

c/o Wizlink Consulting Pte Ltd

12 West Coast Walk, #02-06, West Coast Recreation Centre, Singapore 127157

Tel: +65 6774 5201 • Fax: +65 6774 5203 • Email: secretariat@hqss.org

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