

INDIVIDUAL MEMBERSHIP APPLICATION FORM

TYPE OF MEMBERSHIP:



Ordinary Individual Membership (*any person who is above 18 years of age and residing in Singapore*)

PERSONAL DETAILS:

Title * Prof/Dr/Mr/Mrs/Ms/Mdm _____ Gender _____

Name _____

Address _____

NRIC/ Passport No _____ Nationality _____

Date of Birth _____ Mobile No: _____

Home Tel No: _____ Fax No: _____

E-mail address: _____

PRESENT EMPLOYMENT DETAILS:

Name of Company _____

Address _____

Designation _____ Profession _____

Office Tel No: _____ Office Fax No: _____

HIGHEST EDUCATION:

Highest Academic Qualification _____

Education Institution _____

Discipline/Specialisation _____

Area(s) of Interest in Ayurveda _____

I certify that the above information given is correct to the best of my knowledge.

I agree to abide by the Constitution of the Ayurveda Association of Singapore.

Signature

Date

*** Delete as appropriate**

Notes:

1. All information provided will be treated as confidential
2. Please attach copy of NRIC / Employment Pass / Work Permit / Name card & passport size photograph
3. Please return completed form together with cheque made payable to the "Ayurveda Association of Singapore" to Blk 927, #01-171 Yishun Central 1, Singapore 760927
4. Annual Subscription: S\$24/-; (Entrance fee: S\$100/-)
5. For Retiree, the entrance fee is waived and the monthly subscription is reduced by half