

<b>ORDINARY MEMBER APPLICATION</b>			
<b>APPLICANT INFORMATION</b>			
Full Name (as in NRIC):			
Date of birth:	NRIC:	Marital Status: Single / Married / Widowed	
Nationality:	Country born-in:	Race / Religion:	
		Home phone:	Mobile phone:
Address:			
Unit:		Country:	Postal Code:
<b>EMPLOYMENT INFORMATION (1)</b>			
Current employer:			
Employer address:			Unit:
Country:		Postal Code:	Duration:
Position:	Phone:	Email:	
<b>EDUCATION INFORMATION</b>			
Institution:			
Course:			
Highest Level Attained:			
<b>MEMBERSHIP IN OTHER SOCIETIES</b>			
Name of Society:			
Last Position Held:		From year:	To year:
Previously Convicted for offence for unlawful expenditure of funds of Society:			<b>Yes / No</b>
Previously Declared by Minister in writing to be unfit to act as officer for Society:			<b>Yes / No</b>
Previously held office in a Society that was dissolved under section 24 of the Societies Act and the order for dissolution was made less than 3 years ago:			<b>Yes / No</b>
<b>SIGNATURES</b>			
I authorize the verification of the information provided on this form. I have received a copy of this application			
Signature of applicant:			Date:
<b>FOR OFFICIAL USE</b>			
Interviewer:			
Meets Requirement:	<b>Yes / No</b>	Requires 2 <sup>nd</sup> Interview:	<b>Yes / No</b> Approved: <b>Yes / No</b>
Comments:			
Signature of Interviewer:			Date:



UEN: T19SS0196B

Payment Details:

**Membership Fee:** *\$100*

Beneficiary Name: Society of Hearing Professionals (Singapore)

Bank Name: Oversea-Chinese Banking Corporation

Account No.: 687778837001

Swift Code: OCBCSGSG

Bank Code: 7339

Branch Code: 687

*Or*

PayNow to UEN: T19SS0196B

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The Personal Data Protection Officer  
Society of Hearing Professionals (Singapore)  
7 Temasek Boulevard #12-07  
Suntec Tower One  
Singapore 038987

Dear Sir/Madam,

**PERSONAL DATA PROTECTION ACT (“PDPA”)  
CONSENT FORM**

In connection with my admission as a member, or being a representative of a corporate body being admitted as a member, I hereby agree and consent that Society of Hearing Professionals (Singapore) may use, disclose and process my personal information as furnished to you, in the form of hard or soft copies of my passport, identity card and other documents and data set out in the relevant forms, for the purposes aforementioned and I fully understand that this is in compliance with the requirements of the Constitution of the Society of Hearing Professionals (Singapore).

I confirm that I have read and understood the above.

Applicant’s Full Name :

NRIC/Passport No. :

Signature :

Date :