



Attach
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The Honorary Secretary,
The Haemophilia Society of Singapore
Farrer Road P. O. Box 0273
Singapore 912810

APPLICATION FOR MEMBERSHIP

Full Name (in block letters) _____

Identity Card No. _____ Date of Birth _____ Sex _____

Address (Home) _____

(Office) (if applicable) _____

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

Occupation _____

Annual Subscription fee \$40 or \$100 for 3 Years.

(Further information to be furnished by applicant)

Please tick in the box if you are a:

Haemophiliac Relative Interested Person

What level %? _____

Please state family history of haemophiliac or relative. (optional)

Name	Relationship	Sex	Date of Birth	Level%

If joining on behalf of a haemophiliac child please state his/her:

Name _____ Date of Birth _____

If you are interested in supporting the Society in any way,
kindly let us know.

Signature of Applicant / Date

(To be filled by the Hon. Secretary)
Date of approval by the Executive Committee _____

(Hon. Secretary)