

**SINGAPORE ORTHOPAEDIC ASSOCIATION
MEMBERSHIP APPLICATION FORM**

The Honorary Secretary
Singapore Orthopaedic Association
c/o Ms. Michelle Choy
CITYSTATE Conference & Exhibition Pte Ltd
115 Amoy Street, #03-00
Singapore 069935
Tel: (65) 6410 9695 Fax: (65) 6372 1793
Email: secretariat@soa.org.sg

I would like to apply for *Ordinary/Associate membership of the Singapore Orthopaedic Association.

I enclose the membership fee of S\$_____. (Cheque no: _____)

Details of my particular are as follows:-

Name (<i>underline surname/family name</i>)		
Sex		Email Address
NRIC No.		
Date of Birth		
Marital Status		
Office Address		Tel No. (<i>office</i>)
		Fax No. (<i>office</i>)
Home Address		Tel No. (<i>home</i>)
Profession		Handphone
Qualifications		

Date: _____

Signature: _____

*The subscription fee for Ordinary Membership is S\$100.00 and Associate Membership is &20.00 per year.

Cheque should be made payable to “**Singapore Orthopaedic Association**” and mailed together with this application form to the Honorary Secretary at the above-mentioned address.

**please delete accordingly.*