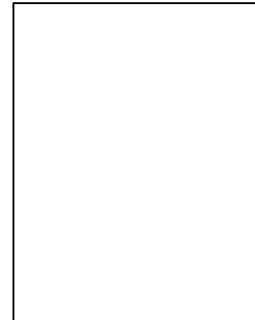


**SINGAPORE UROLOGICAL ASSOCIATION
APPLICATION FOR MEMBERSHIP**



Please tick one only

- Life
- Full
- Associate
- Associate (Overseas)
- Affiliated (Nurses)
- Affiliated (Research)

Name (Underline Surname) _____

NRIC No : _____ Date of Birth : _____ MCR No: _____

Working Institution _____ Current Appointment : _____

Tel No : _____ Mobile : _____ Pager : _____ Fax : _____

Email Address : _____

Address (Residence) _____

_____ Tel : _____

Medical / Nursing Degree & Higher Degrees (with dates)

1. _____

2. _____

3. _____

Publication in Urology (use separate sheet if space is not sufficient)

1. _____

2. _____

3. _____

Special Interests:

1. _____
2. _____

Membership with other Urological / Nursing Associations :

1. _____
2. _____
3. _____

I hereby apply for :

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> Life | S\$500 | <input type="checkbox"/> Full | S\$50 / year |
| <input type="checkbox"/> Associate | S\$50 / year | <input type="checkbox"/> Associate (Overseas) | S\$50 / year |
| <input type="checkbox"/> Affiliated (Nurses) | S\$10 / year | <input type="checkbox"/> Affiliate (Research) | S\$10 / year |

membership and will abide with the regulations and constitution of the Singapore Urological Association.

I enclose payment of S\$_____ by cheque / bank draft (No. _____) made payable to Singapore Urological Association.

Signature of applicant _____ Date : _____

Proposer : _____ Signature _____ Date _____

Seconder : _____ Signature _____ Date : _____

(For application for full/life members, proposer and seconder must be full members of not less than 3 year's standing)

Approved by :

President

Date

Honorary Secretary

Date