

SPOUSE MEMBERSHIP APPLICATION FORM

Please read the membership information overleaf carefully before completing the form.

New Applicant Reinstatement

1. PARTICULARS OF PRINCIPAL MEMBER

Mr Mrs Ms Mdm Dr Prof Assoc. Prof

Surname: _____ Given Name: _____

Membership No: _____ Membership Type: _____

Postal Address: _____

Postal Code: _____

Tel No: _____ (H) _____ (O) _____ (H/P)

2. SPOUSE'S PARTICULARS

Mr Mrs Ms Mdm Dr Prof Assoc. Prof

Full name as in NRIC/Passport

Surname: _____ Given Name: _____

Preferred Name on Card: _____

NRIC/Passport No: _____ Date of Birth: _____

Nationality: _____ Date of Marriage: _____

Gender: Male Female Qualification: _____

Date Qualification Obtained: _____ Institution: _____

Company Name (if any): _____

Company Address: _____

Postal Code: _____

Tel No: _____ Fax No: _____

Type of Business: _____ Position/Job Title: _____

Email: _____ Tel No: _____

Collection Mode (please tick): Mail out Self Collect at KRGH Self Collect at SCGH

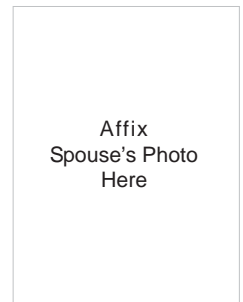
Interest:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Drama | <input type="checkbox"/> Social Function | <input type="checkbox"/> Music & Dance | <input type="checkbox"/> Mountain Climbing |
| <input type="checkbox"/> Body Building | <input type="checkbox"/> Reading | <input type="checkbox"/> Hockey | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Road Relay | <input type="checkbox"/> Softball | <input type="checkbox"/> Films |
| <input type="checkbox"/> Handball | <input type="checkbox"/> Bridge | <input type="checkbox"/> Photography | <input type="checkbox"/> Cricket |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Trekking | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Others (specify) _____ | | | |

Lifestyle:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Travel | <input type="checkbox"/> Singing / Music | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Wine & Dine | <input type="checkbox"/> Handicraft | <input type="checkbox"/> Health & Wellness |
| <input type="checkbox"/> Beauty & Aesthetics | <input type="checkbox"/> Arts & Theatre | <input type="checkbox"/> Family / Parenting | <input type="checkbox"/> Finance & Investment |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Electronics & Technology | | |

Please address application to: **The National University of Singapore Society**
 Kent Ridge Guild House 9 Kent Ridge Drive Singapore 119241
 or email mship@nuss.org.sg



Politics:

Domestic Politics Foreign Politics Current Affairs

Outdoor Adventure:

Nature Walks / Hiking White Water Rafting Rock Climbing Cycling
 Sailing Canoeing / Kayaking Motor Sport / Racing Fishing
 Scuba Diving / Snorkelling

Sports and Games:

Swimming Badminton Tombola / Bingo Chess
 Golf Weiqi Darts Bridge
 Soccer Tennis Shooting / Archery Bowling
 Balut Mahjong Jogging / Running Billiards / Pool
 Squash Table Tennis
 Others (specify) _____

3. PARTICULARS OF CHILDREN (under 18 years of age)

Name: _____ Gender: _____ Date of Birth: _____ NRIC No: _____

Name: _____ Gender: _____ Date of Birth: _____ NRIC No: _____

4. DOCUMENTS TO ACCOMPANY APPLICATION FORM

To expedite the application process, please complete the application form and submit with the following documents:

- a. Copy of NRIC (front & back) or passport
- b. Marriage certificate
- c. Recent coloured photo (soft copy acceptable)

Upon receipt of all documents, please allow 14 working days for processing.

5. DECLARATION BY APPLICANT

I agree to my account being debited \$10.70 (inclusive of prevailing GST) every month for the spouse subscription fee and undertake to be responsible for all bills incurred by my spouse.

For reinstatement: I agree that a fee of \$21.40 (inclusive of prevailing GST) applies.

I understand that a "Spouse Member" is not a member of the Society under the provisions of its Constitution i.e. he/she has no Constitutional rights or privileges.

I understand that this privilege may be withdrawn at any time at the sole discretion of the Management Committee. I declare that the above particulars are correct.

Signature of Member: _____

Signature of Spouse: _____

Date: _____