



## SREE NARAYANA MISSION (SINGAPORE)

12 Yishun Avenue 5, Singapore 768992 Tel: 69559555 Fax: 67529548

### APPLICATION FOR MEMBERSHIP (LIFE/ORDINARY/ASSOCIATE/JUNIOR)

<b>Eligibility:</b> <ul style="list-style-type: none"> <li>Life and Ordinary Memberships are only applicable for Singapore Citizens aged 21 years and above.</li> <li>Associate Membership is applicable for Singapore Permanent Residents aged 21 years and above</li> <li>Junior Members (17-20 years)</li> <li>Application must be proposed and seconded by Life Members of the Mission.</li> </ul>	<b>Subscription</b> <ul style="list-style-type: none"> <li>- Life Membership - \$250.00 (one-time)</li> <li>- Ordinary Membership \$25.00 (yearly)</li> <li>- Associate Membership \$25.00 (yearly)</li> <li>- Junior Membership \$10.00 (yearly)</li> </ul>	<b>FOR OFFICIAL USE</b> <b>Application: APPROVED/ NOT APPROVED**</b>  <b>Membership No:</b> _____  <b>Date:</b> _____  <div style="text-align: center;"> <hr style="width: 50%; margin: 0 auto;"/> <p><b>President</b>  <b>Sree Narayana Mission (Singapore)</b></p> </div>
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**MEMBERSHIP TYPE: \***

LIFE MEMBER      
 ORDINARY MEMBER      
 ASSOCIATE MEMBER      
 JUNIOR MEMBER

(\*) – mandatory fields

<b>Part 1: Particulars of Applicant</b>		
<b>Name (as in NRIC) *</b>	<b>Singapore NRIC No *</b>	<b>Affix Photo *</b>
<b>Title: *</b> Mr.   Mrs.   Mdm.   Miss   Dr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Nationality: *</b>  Singapore Citizen: <input type="checkbox"/>  Permanent Resident: <input type="checkbox"/>	
<b>Others (Please specify):</b> _____		
<b>Date of Birth* (DD/MM/YYYY)</b>  _ _ / _ _ / _ _ _ _	<b>Country of Birth*</b>	<b>Profession</b>
<b>RESIDENTIAL ADDRESS *</b>	<b>Contact Details:</b>	
	Home Tel No. _____	
	Mobile : * _____	
<b>POSTAL CODE</b> ( _ _ _ _ _ )	Email : * _____	

**Part 2: Declaration**

- I declare that the particulars and information given in this application are true and correct to the best of my knowledge.
- I shall inform the General Secretary by way of writing if there are any changes to my contact number, address, email and citizenship status.  
Addressed to: The General Secretary , 12 Yishun Avenue 5, Singapore 768992) or email (gensec@snm.org.sg)
- If this application is approved, I agree to abide by the Constitution of the Mission.

Date	Signature of Applicant
Name of Proposer: _____	Name of Seconder: _____
Contact Number : _____	Contact Number : _____
Signature of Proposer: _____	Signature of Seconder: _____

**Part 3: Survey :**

1. Mission is actively looking for volunteers in our various committees with the following experiences to enhance our internal capabilities. (Please select maximum of 3 options that are most relevant to you).

- |                                                                |                                                                                                              |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medicine                              | <input type="checkbox"/> Technology/Digitalisation                                                           |
| <input type="checkbox"/> Social Work/Counselling/Group Therapy | <input type="checkbox"/> Marketing/Public Relations                                                          |
| <input type="checkbox"/> Human Resource                        | <input type="checkbox"/> Procurement/Contracts Management                                                    |
| <input type="checkbox"/> Law                                   | <input type="checkbox"/> Engineering/Architect/Project Management                                            |
| <input type="checkbox"/> Accountancy, Finance                  | <input type="checkbox"/> Policy/Government Relations                                                         |
| <input type="checkbox"/> Audit, Risk Management                | <input type="checkbox"/> Fund Raising                                                                        |
| <input type="checkbox"/> Management Consultancy                | <input type="checkbox"/> Special Programme focused (Education, Training, Medical Health, Physiotherapy etc.) |

2. Will you like to make a monthly contribution to Mission?  YES  NO.

\$10/mth  \$20/mth  \$30/mth  \$50/mth  Others \_\_\_\_\_

3. How did you come to know about Sree Narayana Mission (Singapore)?

Family  Friends  Social Media  Internet  Others \_\_\_\_\_

4. Have you participated/attended any of the events organised by Mission?  YES  NO

**Part 4: Personal Data Protection Act**

**PERSONAL DATA PROTECTION ACT**

**The Personal Data Protection Act (PDPA) governs the collection, use, disclosure and care of individual's personal data.**

In relation to the PDPA, we would like to seek your consent for the following:  
*(Please tick on the boxes to indicate your approval)*

**I hereby give my consent for:**

Mentions and publicity for event and activities, including photographs/videos and social media, by SNM Home.

I would like to receive updates and news from Mission through:

Mobile (SMS/Whats App)     Email     Mail

I do not wish to receive any updates and news.

**Any other comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant