**SREE NARAYANA MISSION (SINGAPORE)**

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

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

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| **Eligibility:**   * Life and Ordinary Memberships are only applicable for Singapore Citizens aged 21 years and above. * Associate Membership is applicable for Singapore Permanent Residents aged 21 years and above * Junior Members (17-20 years) * Application must be proposed and seconded by Life Members of the Mission. | **Subscription**   * Life Membership -   $250.00 (one-time)   * Ordinary Membership   $25.00 (yearly)   * Associate Membership   $25.00 (yearly)   * Junior Membership   $10.00 (yearly) | **FOR OFFICIAL USE**  **Application: APPROVED/ NOT APPROVED\*\***  **Membership No:**  **Date:**  **President**  **Sree Narayana Mission (Singapore)** |
| **MEMBERSHIP TYPE: \***  LIFE MEMBER ORDINARY MEMBER ASSOCIATE MEMBER JUNIOR MEMBER | | |

**(\*) – mandatory fields**

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

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| **Part 2: 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).   Medicine Technology/Digitalisation  Social Work/Counselling/Group Therapy Marketing/Public Relations  Human Resource Procurement/Contracts Management  Law Engineering/Architect/Project Management  Accountancy, Finance Policy/Government Relations  Audit, Risk Management Fund Raising  Management Consultancy Special Programme focused (Education, Training, Medical Health, Physiotherapy etc.)       1. Will you like to make a monthly contribution to Mission? YES NO.   $10/mth $20/mth $30/mth $50/mth Others \_\_\_\_\_\_\_\_\_\_\_\_\_   1. How did you come to know about Sree Narayana Mission (Singapore)?   Family Friends Social Media Internet Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Have you participated/attended any of the events organised by Mission? YES NO |

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| **Part 3: 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:**      **Please do not leave any questions blank**. |

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| **Part 4: 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proposer’s Recommendations :  Name of Seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |