**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/DigitalisationSocial Work/Counselling/Group Therapy Marketing/Public Relations Human Resource Procurement/Contracts ManagementLaw Engineering/Architect/Project ManagementAccountancy, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |