# Society of Rehabilitation Medicine (Singapore) – Membership Application Form

1. Name of Proposed Member: Click or tap here to enter text.

2. NRIC / Passport Number: Click or tap here to enter text.

3. Nationality: Click or tap here to enter text.

4. Gender: Choose an item.

5. Date of Birth: Click or tap to enter a date.

6. Correspondence Address: Click or tap here to enter text.

7. Telephone Number: Click or tap here to enter text.

8. Email: Click or tap here to enter text.

9. Profession / Specialty: Click or tap here to enter text.

10. Name & Address of Practice: Click or tap here to enter text.

11. Type of Membership: Choose an item.

12. Name of Proposer (if applicable): Click or tap here to enter text.

13. Name of Seconder (if applicable): Click or tap here to enter text.

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| --- | --- |
| Click or tap here to enter text. | Click or tap to enter a date. |
| **Signature of applicant** | **Date** |

**Completed form to be submitted to:**

Dr Tay Kai Wen Elvina

Jurong Community Hospital

Post-Acute & Continuing Care

JURONG COMMUNITY HOSPITAL

1 Jurong East Street 21, Singapore 609606

Mail ID: taykaiwenelvina@gmail.com

**Membership details:**

**Ordinary membership:** Registered medical practitioners who have obtained specialist qualifications in Rehabilitation Medicine and practicing in Singapore (annual subscription $100)

**Associate membership:** Registered medical practitioners undergoing specialist training in Rehabilitation Medicine (annual subscription $50)

**Affiliate membership:** Professionals who practice in related disciplines and individuals with interests in Rehabilitation Medicine (annual subscription $10)

**Overseas membership:** Registered medical practitioners who have obtained specialist qualifications in Rehabilitation Medicine and are practicing outside Singapore (annual subscription $100)