



GERONTOLOGICAL SOCIETY SINGAPORE

89 Short Street #08-08 Golden Wall Centre Singapore 188216

Website : www.gs.org.sg

Facebook : <https://www.facebook.com/#!/groups/gssingapore>

APPLICATION FOR MEMBERSHIP

Particulars

Name (Dr / Mr / Mrs / Ms) Individual / Company :

NRIC : _____ DOB : _____ Gender : Male / Female

Qualifications : _____

Occupation : _____

Employer : _____

Mailing Address : _____

_____ S (_____)

Tel : _____ (Res) _____ (O) _____ (HP)

Email : _____

Reason for joining : _____

Type of Membership

() Ordinary

Annual Subscription

\$30.00

Payment enclosed : Cash/ Chq \$ _____ Bank: _____ Chq no: _____
(please make cheque payable to ' **GERONTOLOGICAL SOCIETY**')

Note : Please mail application form to us with membership fee enclosed.
Your application is subject to approval by the Council at the next council meeting
from the date of receipt of your application.