



GERONTOLOGICAL SOCIETY SINGAPORE

C/O 89 Short Street, Golden Wall Centre, #08-08, Singapore 188216

Website : www.gs.org.sg

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

APPLICATION FOR MEMBERSHIP

Particulars

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

Nationality: _____ DOB: _____ Gender: M / F

Occupation: _____

Employer: _____

_____ S (_____)

Mailing Address: _____

_____ S (_____)

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

Email: _____

Qualifications: _____

Reason for joining: _____

Type of Membership

() Ordinary

Annual Subscription

\$30.00

In compliance with the Personal Data Protection Act 2012 (PDPA), I hereby give consent to the Gerontological Society to collect my personal data and contact information and the data collected may be used for the mailing of newsletters and other publicity materials for events related to the Society.

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