



NUCLEAR MEDICINE SOCIETY (SINGAPORE)

Member of the World Federation of Nuclear Medicine and Biology

MEMBERSHIP APPLICATION FORM

Please affix
recent passport
size photo

I wish to apply for

(a) Membership to the Nuclear Medicine Society (Singapore)

Full Member Associate Member

Institution Member Student Member Senior Member

(b) Upgrading from _____ to _____

Existing Membership No. _____

For Official Use Only

Membership No. :

Date Registered :

1 PERSONAL DATA
Name:
Address:
Home Telephone / Mobile:
Email:
NRIC No:
Date & Place of Birth:
Race/Nationality/Sex:
Marital Status / Religion:

2 PLACE OF WORK
Institution/Organisation:
Address:
Telephone/Mobile:
Email:
Designation & Date of Appointment:
Speciality:

3 EMPLOYMENT HISTORY		
From - To	Name of Organisation/Designation	Nature of Work/Experience
a.		
b.		
c.		
d.		
<i>Please use separate sheet if space is insufficient</i>		

4 EDUCATIONAL QUALIFICATIONS		
Year Attended/Completed	Academy/Institute	Course/Major(s)
a.		
b.		
c.		
d.		
<i>Please use separate sheet if space is insufficient</i>		

5 PROFESSIONAL MEMBERSHIPS		
Year Admitted	Professional Organisation	Membership Grade
a.		
b.		
c.		
d.		
<i>Please use separate sheet if space is insufficient</i>		

6 PUBLICATION
Please attach list of publication, if any
List of publication attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

7 AWARDS/PRIZES/SCHOLARSHIPS/OTHERS
Date & Name/Type of Awards/Prizes/Scholarships
a.
b.
c.
d.
<i>Please use separate sheet if space is insufficient</i>

8 INVOLVEMENT IN ORGANISATIONS/SOCIETIES
a.
b.
c.
d.
<i>Please use separate sheet if space is insufficient</i>

9 ENDORSEMENT	
The Proposer and Secunder should be Full Members of NMS (S). The Proposer should verify the statements made by the applicant so far as possible, initial the appropriate entries and sign photocopies of supporting documents to indicate the originals have been seen.	
a. Name of Proposer:	b. Name of Secunder:
Fellow/Member	Fellow/Member
Length of time known:	Length of time known:

10 DOCUMENTATION	
<p>You may submit any other additional relevant information not covered in the sections above. This form when duly completed should be posted with all supporting documents, in particular, the certificates from employers and entrance/subscription fees of application to:</p> <p><i>The Honorary Secretary. c/o Department of Nuclear Medicine & PET, Block 2 Basement B1, Singapore General Hospital, Singapore 169608</i></p>	
Date & Signature:	Date & Signature:

11 DECLARATION
<p>I declare that the information contained in this application is correct to the best of my knowledge. I understand that any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted on the basis of such information, I may be required to withdraw.</p> <p>I hereby agreed that if I am elected I shall be governed by Constitution/Articles of the Association and Bylaws of the Nuclear Medicine Society (Singapore) and that I shall not use any titles or descriptions associated with the Association except those to which I may be entitled under the Bylaws.</p> <p>I further undertake that I shall pay the subscription fee as from time to time prescribed by the Council, and if at any time I desire to withdraw from the Society, I shall forthwith pay to the Society all arrears of subscription or other payment due from me.</p> <p>I enclose herewith the subscription of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> S\$50.00 (Full Member) <input type="checkbox"/> S\$30.00 (Associate Member) <input type="checkbox"/> \$500.00 (Institutional Member) <input type="checkbox"/> S\$15.00 (Student Member) <input type="checkbox"/> \$25.00 (Senior Member) <p>Signature of Applicant & Date:</p>

12 OFFICIAL USE ONLY
Admission to Membership:
Registration No:
Date Council Approved:
Remarks: