



## Singapore National Stroke Association

5 Stadium Walk #04-02A Leisure Park Kallang Singapore 397693

Website: [www.snsa.org.sg](http://www.snsa.org.sg) | Email: [contact@snsa.org.sg](mailto:contact@snsa.org.sg)

Tel: 6222 9514

### MEMBERSHIP APPLICATION FORM

Name (Prof / Dr / Mr / Mrs / Miss / Ms): \_\_\_\_\_

Name of Organisation (for Corporate Membership): \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: F / M

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_ (O) \_\_\_\_\_ (F)

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

I am a:

- Stroke survivor
- Caregiver
- Healthcare professional (Name of organisation: \_\_\_\_\_)
- Others (Please specify: \_\_\_\_\_)

I would like to apply for:

- Ordinary membership (\$10 / year)
- Life membership (\$80)
- Associate membership (\$5 / year)
- Corporate membership (\$500)
- I do not have an email address, please contact me via phone to inform me of activities.

By signing the renewal application form, I indicate my agreement to acknowledgement of the following:

- Persons below 18 years of age shall not be accepted as members without the written consent of their parents or guardians.
- The personal information which I have provided will be used solely for the following purposes: (a) Processing of membership application (b) Communication and publicity of SNSA's programmes/initiatives/collaterals (c) Assessing of needs for service improvement (d) Purposes related to the services SNSA is providing and/or on matters relating to my ongoing membership with SNSA. The information provided will not be disclosed to a third party without my consent.

This membership may be terminated upon my written request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**\*SNSA Member / Non-SNSA Member (Please delete accordingly)**

Name (Mr / Mdm / Mrs / Ms / Dr): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: F / M

Contact No: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Indemnity Form for All SNSA Programmes

*I, \_\_\_\_\_ confirm that I am fit for the above event and shall release and not hold Singapore National Stroke Association (SNSA) or any of their employees, servants or agents liable in any way whatsoever for any loss, personal injury, mishap, accident, injury or loss of life and/or property arising directly or indirectly, as a result of or in connection with this event. I hereby agree that I shall keep SNSA, and their employees, servants or agents fully indemnified against any action, proceeding, liability, claim, costs and expenses incurred, suffered or sustained by me arising from my participation in this event. I also agree for my photographs to be used for SNSA publicity purposes.*

\_\_\_\_\_  
Signature/Date

***“To promote awareness and understanding of Stroke and related disorders by educating patients, caregivers and their communities, and to support them holistically in their journey with Stroke.”***