



# Singapore National Stroke Association

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## MEMBERSHIP APPLICATION FORM

<b>I would like to apply for:</b>	
<input type="checkbox"/> Ordinary membership* (\$10 / year)	<input type="checkbox"/> Life membership (\$80)
<input type="checkbox"/> Associate membership* (\$5 / year)	<input type="checkbox"/> Corporate membership* (\$500)
<b>I am a:</b> Stroke Survivor / Caregiver / Healthcare Professionals / Others (Specify _____)	
<b>Salutation</b> (Prof / Dr / Mr / Mrs / Miss / Ms)	
<b>Last Name:</b>	<b>First Name:</b>
<b>Date of Birth</b> (DD/MM/YYYY):	<b>Gender:</b> Female / Male
<b>Race:</b> Chinese / Malay / Indian/ Others	<b>Telephone number:</b> _____ (Mobile)
<b>Language(s) Spoken:</b> English / Chinese / Malay / Tamil	<b>Email Address:</b> _____
<b>Address:</b> _____	<b>Postal Code:</b> _____
<b>Preferred mode of contact:</b> E-mail / Whatsapp / Telephone call	
<b>How did you get to know about SNSA:</b> Words of Mouth / SNSA website / Referral from hospitals / Roadshows and Events / Social Media	
<b>Areas of interest</b> (You may choose more than one options) : Programmes / Befriending Services / Volunteering / Outreach Opportunities	
<b>For healthcare professionals only</b>	
<b>Name of organisation:</b> _____	
<b>Occupation:</b> _____	<b>Job Title:</b> _____

I consent to Singapore National Stroke Association (SNSA) and their authorised agents and service providers processing my Personal Data 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. I confirm that such consent (i) does not supersede any other marketing consents which I may have previously provided to SNSA and are in addition to any rights which the SNSA may have at law on personal data; and (ii) continues until such consents are withdrawn.

I would like to join SNSA mailing list and receive information about programmes, events and newsletters. By checking this box, I consent to the SNSA processing my Personal Data for market research, marketing programmes and to contact me about their products, services and promotions via email, text messaging, telephone call, postal mail and/or social media. I understand that I am free to update my preferences including to unsubscribe from SNSA's mailing list. I confirm that such consent (i) does not supersede any other marketing consents which I may have previously provided to SNSA and are in addition to any rights which SNSA may have at law on personal data; and (ii) continues until such consents are withdrawn.

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: \_\_\_\_\_