



# Singapore Society Of Occupational Health Nurses

Mailing Address: P.O.Box 342, Orchard Post Office, Singapore 912312, Republic of Singapore

Affix your recent photograph here.  
Thank you.

## APPLICATION FOR MEMBERSHIP

Name in Full : Mr/Miss/Mrs \_\_\_\_\_ D.O.B : \_\_\_\_\_  
 Maiden Name : \_\_\_\_\_ NRIC No. : \_\_\_\_\_  
 [If Married] \_\_\_\_\_  
 Address : \_\_\_\_\_ Singapore : \_\_\_\_\_  
 Designation : \_\_\_\_\_ Tel No [H] \_\_\_\_\_ E-mail : \_\_\_\_\_  
 Place of Employment : \_\_\_\_\_ Tel No. [O] : \_\_\_\_\_  
 Address of employment : \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail : \_\_\_\_\_

Proposed by : Mr/Miss/Mrs \_\_\_\_\_ SRN/SEN No : \_\_\_\_\_  
 Seconded by : Mr/Miss/Mrs \_\_\_\_\_ SRN/SEN No : \_\_\_\_\_

Are you currently registered with Singapore Nursing Board: **Yes / No**

I enclosed a cheque of \$30/- made payable to "Singapore Society of Occupational Health Nurses" being payment for the annual subscription fee.

\_\_\_\_\_  
[Date] \_\_\_\_\_ [Signature of Applicant]

Application **approved / rejected** at the Committee Meeting held on \_\_\_\_\_

President : \_\_\_\_\_ Secretary : \_\_\_\_\_  
 Subscription received on: \_\_\_\_\_ Receipt No & Date : \_\_\_\_\_  
 Applicant notified on : \_\_\_\_\_

Mr/Miss/Mrs \_\_\_\_\_

I have great pleasure in informing you that you have been enrolled as an **Ordinary / Associate** Member of the Society as from ..... Official receipt of **\$30/-** being payment of subscription fee for year ..... is attached.

\_\_\_\_\_  
[Date] \_\_\_\_\_ [Treasurer]