

Membership Application Form/ Update Form

Name:

Please underline surname/ family name

Gender:

Female / Male

Date of Birth:

Qualifications:

Undergraduate Education Institution:

(Place & Year)

Current Appointment / Institution:

Speciality:

Subspecialty Interests:

Correspondence Address:

Mobile / Office Contact Number:

Email Address:

Membership Category & Fees: Additional
Membership:

Ordinary \$35 / Associate \$10
 WABIP \$8*

Ordinary Members shall be medical practitioner who hold a registrable qualification and who are practising thoracic medicine or are interested in thoracic medicine

Associate members shall be scientific workers and personnel of ancillary services in Singapore who are interested in thoracic medicine.

I hereby consent to the collection, use and disclosure of my personal data by Singapore Thoracic Society (STS) for the following purposes:

- To process my membership
- To provide information to STS endorsed activities from time to time
- To be able to contact me by telephone, SMS or email when necessary

I understand and acknowledge that STS may disclose my personal data to relevant governmental authorities or third parties if required by law or for en-bloc membership with other societies.

Signature

Date

Payment Details *(If payment have been made by bank transfer/PayNow, please provide your transaction reference)*

Account Name:	<u>Singapore Thoracic Society</u>	<u>PayNow</u>
Account Number:	014-017052-9	UEN: S75SS0027K
Account Type:	Current Account	
Bank Name:	DBS Bank Pte Ltd	
Bank Code:	7171	
Branch Code:	014	

STS Secretariat

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