

## MEMBERSHIP APPLICATION / RENEWAL FORM

### Personal Particulars

Name (please underline surname) <i>(required field)</i>	
NRIC / Passport <i>(required field)</i>	Birthday (dd/mm/yyyy) <i>(required field)</i>
Nationality <i>(required field)</i>	Gender <i>(required field; please delete inapplicable)</i> Male / Female
Marital Status	Membership Registration Number <i>(for renewals)</i>
Address <i>(required field)</i>	Postal Code <i>(required field)</i>
Home Telephone Number	Religion
Mobile Telephone Number	Occupation
Email Address	Highest Educational Qualification
Details of relationship to existing member (Name of existing member / relationship) <i>(for automatic renewal of related members under 18)</i>	

### Medical Information / Financial (if you are a patient / optional)

Blood Type	Thalassaemia Type (eg beta major, intermedia, carrier)
Hospital of treatment/transfusion	Chelation Type (eg L1/Exjade/Desferal/Combination)
Doctor's Name / Contact Number	MSW Patient? If yes, please attach MSW Letter

**\*this information will be kept confidential**

For current membership and renewal fees, please refer to [www.thalsociety.org](http://www.thalsociety.org) or email to [president@thalsociety.org](mailto:president@thalsociety.org)

I enclose a cheque for \$ .....

Bank: ..... Cheque No.: .....  
(please indicate full name and NRIC at the back of the cheque)

**OR**

Cash Payment Amount \$ .....

Received by .....

Date ..... Receipt Number .....

\_\_\_\_\_  
Signature of applicant/member

Date: