

**REACTIVATION OF MEMBERSHIP APPLICATION FORM**  
**(For Absent Members Only)**

To: Secretary  
NUS Society  
9 Kent Ridge Drive  
Singapore 119241  
mship@nuss.org.sg

Please tick  I hereby authorise NUSS to reactivate my membership with effect from \_\_\_\_\_

**PARTICULARS OF MEMBER**

[ Mr ] [ Mrs ] [ Ms ] [ Mdm ] [ Dr ] [ Prof ] [ Assoc. Prof ]

Full name as in NRIC/Passport: (Underline Surname) \_\_\_\_\_ Membership No.: \_\_\_\_\_

Contact No: \_\_\_\_\_ (H) \_\_\_\_\_ (M)

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

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

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

**NOTE:**

- The charging of the monthly subscription will resume in the month in which the notice to reactivate the membership is given.
- Kindly inform the Society in writing of changes in your correspondence address, failing which correspondence delivered to your last known address shall be deemed to be valid.