

PARENT MEMBERSHIP APPLICATION FORM

Please read the membership information overleaf carefully before completing the form.

[] New Applicant

[] Reinstatement

1. PARTICULARS OF MAIN MEMBER

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

Full name as in NRIC/Passport: (Underline Surname) _____

Membership No: _____ Membership Type: _____

Mailing Address: _____

Postal Code: _____

Contact No: _____ (H) _____ (M)

2. PARTICULARS OF PARENT 1

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

Full name as in NRIC/Passport: (Underline Surname) _____

Preferred Name on Card: _____

NRIC/Passport No. (Last 4 characters): _____ Nationality: _____

Date of Birth: ____ / ____ / ____ Gender: [Male / Female]

Contact No: _____ (H) _____ (M)



3. PARTICULARS OF PARENT 2 (if any)

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

Full name as in NRIC/Passport: (Underline Surname) _____

Preferred Name on Card: _____

NRIC/Passport No. (Last 4 characters): _____ Nationality: _____

Date of Birth: ____ / ____ / ____ Gender: [Male / Female]

Contact No: _____ (H) _____ (M)



4. DOCUMENTS TO ACCOMPANY APPLICATION FORM

To expedite the application process, please complete the application form and submit it with the following documents:

- a. For verification purpose, our team will contact you to arrange for the sighting of Main Member's birth certificate;
- b. Recent coloured photo (soft copy acceptable).

Upon receipt of all documents, please allow 14 working days for processing.

5. DECLARATION BY MEMBER

I agree to my account being debited \$65.40 w/GST every month for the parent subscription fee and undertake to be responsible for all bills incurred by my parent(s).

For reinstatement: I agree that a fee of \$21.80 w/GST.

I understand that a "Parent Member" is not a member of the Society under the provisions of its Constitution i.e. he/she has no Constitutional rights or privileges.

I agree to comply with and be bound by the Constitution, Rules and Regulations of the Society, as may from time to time be in force.

Signature of Member: _____ Signature of Parent 1: _____ Date: _____

Signature of Parent 2: _____ Date: _____

By submitting this form to NUSS, I hereby warrant that all the information I have submitted in this Form is true and accurate to the best of my knowledge. I further understand that any personal data which I have provided in this form may be processed by NUSS or any of its vendors and/or subcontractors ("NUSS's connected entities") both locally and overseas and I expressly consent to such processing for the purposes as set out in NUSS's Privacy Policy (www.nuss.org.sg).

I understand that any personal data disclosed by me herein will be retained by NUSS's connected entities as long as any of the purposes set out in NUSS's Privacy Policy remain valid.

FOR OFFICIAL USE		
Membership Salesperson: _____	Signature: _____	Date: _____

Please address application to: **National University of Singapore Society**
Kent Ridge Guild House, 9 Kent Ridge Drive, Singapore 119241 or email mship@nuss.org.sg