

Spouse Membership Application Form

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

New Applicant Reinstatement

1. PARTICULARS OF PRINCIPAL MEMBER

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

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

Mailing Address: _____

Postal Code: _____

Contact No: _____ (H) _____ (M)

Email: _____

2. SPOUSE'S PARTICULARS

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] Race: _____

Highest Education Attained: _____

Contact No.: _____ Email: _____

Company Name (if any): _____

Position/Job Title: _____ Type of Business: _____

Cultural:

Choir DanceSport DramaWorks Music

Sports & Recreation:

Badminton Balut Billiards Bowling Bridge
 Cycling Darts Golf Pickleball Soccer
 Social Mahjong Squash Table Tennis Tennis

Interest:

Business Connect Chess Scuba Diving NUSS Toastmasters Club

Affix Spouse's
Photo Here

3. DOCUMENTS TO ACCOMPANY APPLICATION FORM

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

- 1 recent passport-sized colour photograph (Soft Copy acceptable);
- For verification purpose, our team will contact you to arrange for the sighting of your spouse's NRIC/Passport & Marriage Certificate for proof of relationship.

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

4. DECLARATION BY APPLICANT

I agree to my account being debited \$10.90 w/GST every month for the spouse subscription fee and undertake to be responsible for all bills incurred by my spouse.

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

I understand that a "Spouse 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I understand that this privilege may be withdrawn at any time at the sole discretion of the Management Committee. I declare that the above particulars are correct.

Signature of Member: _____ Signature of Spouse: _____ 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