



Speech-Language and Hearing
Association Singapore

For official use
Membership Number:

Please enclose a
passport-size
photograph here

(For new
applications only)

SHAS Membership Application Form January 2010 – December 2010

MEMBERSHIP CATEGORY

Please indicate:

- Ordinary Membership (\$100)** Prorated fees after 30th June 2010: \$50
 Newly Qualified Practitioner (\$100) Prorated fees after 30th June 2010: \$50
 Overseas Membership (\$80) Prorated fees after 30th June 2010: \$40
 Student Membership (\$40)
 Associate Membership (\$50)

Entrance Fee (\$20)

(Entrance fee is applicable to all new applicants and renewals after 31st March 2010)

SECTION A: TO BE COMPLETED BY ALL APPLICANTS

Name:	Title: <input type="checkbox"/> Dr <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	Date of Birth:
Nationality:	Singapore PR <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A	
Contact address:	Contact phone: Contact fax:	Contact email:
Place of work (Name and address):		Job Designation:
Main responsibilities: <input type="checkbox"/> Clinical <input type="checkbox"/> Administration <input type="checkbox"/> Research <input type="checkbox"/> Others _____		
The SHAS Newsletter is posted to all members to the address given above. Please tick as preferred:		
<input type="checkbox"/> I wish to receive the SHAS newsletter in hard copy form by post.		
<input type="checkbox"/> I do not wish to receive the SHAS newsletter by post. Please email me a soft copy (in PDF format)		
<i>Please note: SHAS will send out any announcements/notice via email when necessary</i>		
Year of qualification:		
Main area(s) of clinical experience	No. of years in subspecialty area(s)	Other qualifications e.g. MSc, PhD, MBA
_____	_____	_____
_____	_____	_____
_____	_____	_____
Area of professional interest		
<input type="checkbox"/> Patient Advocacy	<input type="checkbox"/> Clinical Quality	<input type="checkbox"/> Non-clinical research
<input type="checkbox"/> Professional Advocacy	<input type="checkbox"/> Clinical Education	
<input type="checkbox"/> Ethics	<input type="checkbox"/> Clinical Research	<input type="checkbox"/> Others _____

SECTION B: TO BE COMPLETED FOR STUDENT MEMBERSHIP APPLICATION

Name of Course:	Name of University (Country):	Expected date of completion:

SECTION C: TO BE COMPLETED BY FIRST-TIME MEMBERS EXCEPT STUDENTS

Professional Qualification(s): (Please attach a copy of relevant certificates)	Year of Qualification:	Name of University (Country):
Professional association membership (if any) – Please attach a copy of relevant certificate		
I am proficient in the following languages:		
1.	2.	3.

DECLARATION: TO BE COMPLETED BY ALL APPLICANTS

I declare that all the information on this form is true and correct:

Signature

Date

Once form is complete, please enclose your cheque (payable to Speech-Language and Hearing Association, Singapore), photocopies of relevant certificates (if applicable) and mail to the following address:

Speech Language and Hearing Association, Singapore
Killiney Road Post Office
PO Box 2142
Singapore 912353

Application Approval

When applications are received, they are checked and then sent to the committee for consideration. Acceptance to membership of SHAS is subject to committee approval. Please note if the required documents are not received, considerable delays may be experienced before your application can be processed. Following approval, members will receive an information pack with their membership card. As a member of the Association you are encouraged to ensure you always keep records and details regarding your professional membership in a safe place.

Membership Fee (Please note: membership is for a calendar year, i.e. 1 Jan – 31 Dec): Please include the fee due with your application. Payment must be made by cheque. Payment should be made in Singapore dollars only.

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Date received	
Cheque Number	
Receipt Number	
Date membership pack sent	
Items received:	
<input type="checkbox"/> Photograph	<input type="checkbox"/> Cheque payment
<input type="checkbox"/> Photocopy of qualification certificate(s)	<input type="checkbox"/> Photocopy of professional association membership

Updated December 2009