



ALUMNI ASSOCIATION

2 College Road Singapore 169850 Tel: 6223 4680 Fax: 6224 8374
Email: admin@medicalalumni.org.sg www.medicalalumni.org.sg

APPLICATION FORM Ordinary Membership*

*Associate membership for graduates from overseas universities.

Name: Dr/Mr/Mrs/Miss

Age

Sex

I/C No.

Date of Birth

First Degree/Diploma

Year

Other Qualifications

Mailing Address

Office Phone

Fax

Handphone

Email

Signature of Applicant

Date

Subscription fee: \$200.00 per annum.

Please fax completed form to 6224 8374 or email: admin@medical alumni.org.sg

FOR OFFICIAL USE ONLY

Register No.

Date of Approval

Chairman

Secretary