



Prosthodontic  
Society  
Singapore

## APPLICATION FOR MEMBERSHIP

Prosthodontic Society Singapore  
2 College Road,  
Singapore 169850

Tel: (65) 6223 4680

Fax: (65) 6224 8374



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Name (underline surname): \_\_\_\_\_ Sex: Male / Female

NRIC / Passport No.: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Basic Dental Qualification / Year: \_\_\_\_\_

Additional Qualification / Year: \_\_\_\_\_

University / School: \_\_\_\_\_

Others: \_\_\_\_\_

Areas of Specialty: \_\_\_\_\_

Home Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_

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

All communications to be addressed to me at:  Home  Office

YOU MUST ENCLOSE THESE WITH YOUR APPLICATION:

- Cheque for S\$150/- (entrance fee of S\$100/-, subscription fee of S\$50/-) for ordinary / associate membership  
Cheque for S\$125/- (entrance fee of S\$100/-, subscription fee of S\$25/-) for student membership
- Photostat copy of diploma / degree / certificate

TYPE OF MEMBERSHIP:  Ordinary  Associate  Student

Application must be endorsed by two active members.

1 Endorser's Name		2 Endorser's Name	
Signature	Date	Signature	Date

FOR OFFICIAL USE ONLY

Membership No.: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_