



MEMBERSHIP APPLICATION FORM

Date of Membership Application:

Title (Ms/Mr/Mrs/Miss/Dr/Others)		Name	
Gender	Birth Date	Nationality / NRIC	
Home Address			
Contact Number		Email Address	
Language(s) Spoken			
Occupation		Religion	

In accordance with the Singapore Personal Data Protection Act (PDPA), BTS seeks your consent through your signature on this application form that you are agreeable to us maintaining and using your personal data for all BTS programmes, events and projects.

* For submission of softcopy, please send completed application form as an attachment to enquiry@braintumoursociety.org.sg

Acknowledged by: _____

Signature: _____

FOR ADMINISTRATIVE USE ONLY

Reviewed By:

Application Status: Approved / Rejected

Membership Fee: _____ (Currently waived)

Date: _____

Membership Period: _____ to _____