



## MEMBERSHIP APPLICATION FORM

**A. BIODATA (yours):**  Patient  Non Patient (*parent/caregiver/member*) (Pls choose one)

Title & Name as in NRIC (Ms/Mr/Mrs/Miss/Dr/Others)		Male / Female  (Delete as appropriate)	Age	Nationality/ NRIC/ Passport	Date of Birth
Race					
Home Address:				Religion	
Email Address:					
Contact Number:	Language(s) Spoken	Past Occupation		Current Occupation	
Emergency Contact Person / Number:					
Interests/Hobbies	Interested to be BTSS volunteer  (Yes/No)  (Delete as appropriate)	Support Requested from BTSS:			

### B: PATIENT'S BACKGROUND:

Caregiver/Family to: \_\_\_\_\_ (where applicable)  
Name of Patient

Diagnosis of Brain Tumour Type		Diagnosis Date ( <i>estimate</i> )	Functional Challenges e.g. problem with swallowing, walking, communication etc. (If any)
Completed Surgery  (Yes /No)  (Delete as appropriate)	Undergoing/Completed Radiation  (Yes /No)  (Delete as appropriate)	Undergoing/Completed Chemotherapy  (Yes /No)  (Delete as appropriate)	

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

\* For submission of softcopy, please send completed application form as an attachment to [enquiry@braintumoursociety.org.sg](mailto:enquiry@braintumoursociety.org.sg)

\* For clarification on form filling, please call BTSS during our office hours from 8 30 am to 5 pm on 6291 2736.

### C. For Caregiver/Family member only

<b>Title &amp; Name acc to NRIC (Ms/Mr/Mrs/Miss/Dr/Others)</b>		<b>Male / Female</b>  <i>(Delete as appropriate)</i>	<b>Age</b>	<b>Nationality/ NRIC</b>	<b>Date of Birth</b>
<b>Race</b>					
<b>Email Address:</b>				<b>Religion</b>	
<b>Main Contact Number: (Home/Mobile)</b>	<b>Language(s) Spoken</b>	<b>Past Occupation</b>		<b>Current Occupation</b>	
<b>Interest/Hobbies</b>	<b>Interested to be BTSS volunteer  (Yes/No)  (Delete as appropriate)</b>	<b>Support Requested from BTSS:</b>			

Particulars of Household members/ significant others				
Name	NRIC	Date of Birth	Relationship	Occupation

Applicant's Signature:

Date of application:

\_\_\_\_\_

\_\_\_\_\_

<b>FOR ADMINISTRATIVE USE ONLY</b>		<b>Reviewed By:</b>
Application Status: Approved / Rejected	Membership Fee: _____ (Currently waived)	
Date: _____	Membership Period: _____ to _____	