



## Membership Application Society for Emergency Medicine in Singapore

### I. Personal Particulars

Name: **Mr / Ms / Mdm / Dr / Prof \*** \_\_\_\_\_

NRIC: \_\_\_\_\_

Sex: **Male / Female \***

Race: **Chinese / Malay / Indian / Others** \_\_\_\_\_ \*

Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_

Address (Home): \_\_\_\_\_ S \_\_\_\_\_

Address (Office): \_\_\_\_\_ S \_\_\_\_\_

Mailing address: **Home/Office \***

*Please note that for convenience and savings, the secretariat will be sending all communications through your office or department. For members who rotate through different hospitals or departments you may elect to use your home address as your mailing address.*

*\* please delete accordingly*

### II. Areas of Interest (please tick)

Your response will assist the management committee in their planning of the society activities.

- Academic Emergency Medicine
- Emergency Cardiac Care
- Emergency Trauma Care
- Disaster Medicine
- Emergency Clinical Toxicology
- Pre-Hospital Care/EMS
- Others, please specify \_\_\_\_\_

**III. Membership Subscription:**

- a. Ordinary Member (Physicians only)      **\$200 / 5 years**
- b. Associate Member      **\$80 / 5 years**

*Membership subscription is valid from 1 Jan to 31 Dec for the year of joining.*

**IV. Application**

I, \_\_\_\_\_ (Name) of \_\_\_\_\_ (NRIC)  
would like to apply for **Ordinary / Associate** \* membership of SEMS and will  
abide by and adhere to its constitution. Attached is payment of S\$ \_\_\_\_\_  
in **cash / cheque no.** \_\_\_\_\_ of \_\_\_\_\_ (bank) as annual  
subscription for the financial year \_\_\_\_\_.

I do / do not \* require a receipt for subscription fees paid.

*\* please delete accordingly.*

Completed form and cheque (in favour of Society for Emergency Medicine in Singapore) should be sent to:

**The Secretariat  
Society for Emergency Medicine in Singapore  
c/o Department of Emergency Medicine  
Singapore General Hospital  
Outram Rd, Singapore 169608**

Tel 65-3214768  
Fax 65-3214873