



## AFFILIATE MEMBERSHIP APPLICATION FORM

### CORPORATE MEMBERSHIP

Name of Institution / Organisation:

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Address:

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Contact Person: (Prof / A/Prof / Dr / Mr / Mrs / Ms / Mdm)

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Designation

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Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

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

Type of Programmes Conducted	No. of Sessions Conducted Per Year	Fee Per Participant (\$)
<input type="checkbox"/> * BCLS/ BRC		
<input type="checkbox"/> BCLS Instructor		
<input type="checkbox"/> * ACLS/ ARC		
<input type="checkbox"/> ACLS Instructor		
<input type="checkbox"/> AED / CPR+AED		
<input type="checkbox"/> AED / CPR+AED Instructor		
<input type="checkbox"/> LSCN		

<input type="checkbox"/> Others _____		

\* Please delete accordingly

Membership Fee (2 years) : **\$214.00** (inclusive of GST)

Mode of Payment (Please tick  **ONE** only)

Cheque

Please make cheque payable to 'National Heart Centre of Singapore Pte Ltd' and mail it to:

**NATIONAL RESUSCITATION COUNCIL SECRETARIAT**  
**c/o Clinical Affairs Department**  
**National Heart Centre, Annexe Level 2, Mistri Wing**  
**17 Third Hospital Avenue, Singapore 168752**

Bank and Cheque Number: \_\_\_\_\_

Payment by Electronic Transfer:

Account Name : National Heart Centre of Singapore Pte Ltd  
 Bank Name : The Development Bank of Singapore Ltd  
 Bank Address : 6 Shenton Way  
                   DBS Building  
                   Singapore 068809  
 Bank A/C : 067-001171-6

<b><u>For Official Use Only</u></b>		<b>Receipt No :</b> _____
Membership No :	_____	
Date of Issue :	_____	Expiry Date : _____
_____		_____
Name/Signature		Date