



AFFILIATE MEMBERSHIP RENEWAL APPLICATION FORM

CORPORATE MEMBERSHIP

Name of Institution/Organisation :

Address :

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

Designation

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 Singapore, 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

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