

SINGAPORE NURSES CHRISTIAN FELLOWSHIP

Postal : Toa Payoh Central P.O. Box 468, Singapore 913116

Mobile : 9137 0972

Email : admin@ncf.org.sg

Website : www.ncf.org.sg



新加坡基督徒护士团契

MEMBERSHIP APPLICATION FORM

^ MY PROFILE

*Name: Mr/Mrs/Ms/Mdm _____
*NRIC / Passport No. (Last 4 digits/alphabet): _____
*Date of Birth: _____
*Contact Number(s): Mobile: _____ Home: _____
*Postal Address: _____
*Email Address: _____
*Place of Work / Institute of Learning / Non-practicing (<i>Specify</i>): _____
*Church: _____
Recommended for membership by: _____

^ CONSENT under PDPA

I consent to the collection, use and disclosure of my personal data by Singapore Nurses' Christian Fellowship for the purpose of membership administration.

^ *Mandatory fields*

* *Sensitive data*

Please indicate any interest

<input type="checkbox"/>	Learn more about Jesus			
<input type="checkbox"/>	Receive newsletter via	<input type="checkbox"/> Email	<input type="checkbox"/> WhatsApp	<input type="checkbox"/> Post
<input type="checkbox"/>	Volunteer for	<input type="checkbox"/> Event Organisation	<input type="checkbox"/> Administration	<input type="checkbox"/> IT Support
		<input type="checkbox"/> Visitation of Members	Others (specify):	
<input type="checkbox"/>	Others (specify):			

Please make subscription payment within **30 days** of membership application.

See the following **MEMBERSHIP SUBSCRIPTION FEE** and **PAYMENT INSTRUCTIONS** tables for details.

SNCF MISSION

SNCF seeks to bring Jesus Christ to nurses, equipping and helping them find meaning and purpose in their work.

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MEMBERSHIP SUBSCRIPTION FEE TABLE

Membership Type	Nurse Category	Fee	I am subscribing for (Please indicate) ^		
			1 year	2 years	3 years
Full Membership	Registered Nurse	\$30.00	1 year \$30 <input type="checkbox"/>	2 years \$60 <input type="checkbox"/>	3 years \$90 <input type="checkbox"/>
	Enrolled Nurse	\$20.00	1 year \$20 <input type="checkbox"/>	2 years \$40 <input type="checkbox"/>	3 years \$60 <input type="checkbox"/>
	Midwife				
Associate Membership <i>(No voting rights)</i>	Trained Nurse but not registered with Singapore Nursing Board (SNB)	\$10.00	1 year \$10 <input type="checkbox"/>	2 years \$20 <input type="checkbox"/>	3 years \$30 <input type="checkbox"/>
	Health Care Assistant Locally certified				
	Nurse Trainee (Specify current year of study): _____				

^ Mandatory fields

PAYMENT INSTRUCTIONS

Mode	<i>Please enter the following details and notify SNCF at 91370972 after any form of payment</i>	
PayNow	Enter UEN S60SS0018F or scan the QR code with your mobile banking app.	 Under <u>Comments</u> or <u>Reference</u> field, please enter your full name <space> phone number <space> purpose of contribution: MB (Membership) GF (General Fund) SF (Sinking Fund) E.g. Lee Li Li 98765432 MB
Bank Transfer	Select DBS (Development Bank of Singapore) Enter (Current) Account Number: 033-022161-4	
Cheque	Pay to " Singapore Nurses' Christian Fellowship ". Enter your full name, phone number and payment purpose on the reverse side of the cheque if not accompanied with this form or a separate payment instruction. Post to: Toa Payoh Central, P.O. Box 468, Singapore 913116	

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