

BE A HAA! MEMBER

Please complete the form below and mail it to

60 Paya Lebar Road

#04-22 Paya Lebar Square Singapore 409051

Tel: 6386 0616 Fax 6386 0612



HEALTHY AGING ASSOCIATION MEMBERSHIP APPLICATION FORM

Salutation : Mr. Mrs. Dr. Mdm. Ms. Name : _____

Address : _____

NRIC No : _____ Tel (Home) : _____

Age : _____ (Office) : _____

Occupation: _____ (Mobile) : _____

Email : _____

I am interested to join the HAA! because _____

My interests are :

- Medical Related Activities Recreation (i.e. Excursions)
 Lifestyle Related Activities Social Activities (i.e. Dancing)
 Sport & Exercise Enrichment Programmes (i.e. Talks, Seminars and Workshops)

Others : Please specify _____

Membership for Spouse (optional). Please provide information if applicable.

Name : _____

Occupation: _____ Age : _____

Enclosed is my cheque/cash* of \$40 single annual membership fee.

Additional \$15 for spouse (total \$55 for both)

Cheque No./Bank : _____

*Cheques to be made out to : **Healthy Aging Association (S)**

Signature : _____ Date : _____

Official use

Date Received : _____