

# BE A HAA! MEMBER

Please complete the form below and mail it to

865 Mountbatten Road

#06-02 Katong Shopping Centre Singapore 437844

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 : \_\_\_\_\_