



Obstetrical & Gynaecological Society of Singapore

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MEMBERSHIP APPLICATION FORM

Name : _____ Female/Male

NIRC/Passport No : _____

Home/Office Address : _____

DOB: _____ Tel No: _____ Hp No: _____

Email: _____ MCR No: _____

Professional Qualifications : _____

Occupation : _____

Proposer : _____

Secunder : _____

-
- I enclosed **S\$50.00 (Entry Fee)** and **S\$100.00 (Annual Subscription Fee)**

Name : _____

Signature : _____

Date : _____

Cheque No : _____

All cheques should be crossed and made payable to:
"Obs & Gyn Society of Singapore". Please note that
the entry fee of S\$50.00 is waived for Trainee/Medical
Officer.