

## MEMBERSHIP APPLICATION/RENEWAL FORM

### YOUR PARTICULARS

Name of parent (Mr/Mrs/Mdm/Ms/Dr) .....

Address .....

..... Singapore .....

Home phone ..... Office phone .....

Handphone ..... Pager .....

Email .....

Your profession .....

Medium of spoken language .....

Would you like to contribute your time or expertise? .....

.....

Name of spouse (Mr/Mrs/Mdm/Ms/Dr) .....

Please tick if you want his or her name on the membership card

### YOUR CHILD'S PARTICULARS

Name of child (Boy/Girl) .....

Birth date .....

School and level .....

Which doctor and clinic/hospital currently treat your child? .....

.....

### TYPE OF MEMBERSHIP

Please tick the type of membership and send your crossed check made payable to SPARK  
at 1008 Toa Payoh North, #03-08 Singapore 318996.

One year (\$25)     Two year (\$40)     Life (\$200)

Signature ..... Date .....

### For Official Use (Please do not fill in)

Membership No .....

Expiry Date .....

