



**INFECTION CONTROL ASSOCIATION  
(SINGAPORE)**

For Official Use Only	
Date Received	
Approval	

**ORDINARY/ MEMBERSHIP APPLICATION / RENEWAL FORM**

**APPLICANT'S INFORMATION**

Salutation : Prof. A/Prof. Dr. Mr. Ms Mdm

Full Name: : \_\_\_\_\_  
(As in NRIC/PP) (Kindly print your Family/Last Name in CAPITAL)

Marital Status : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

MCR/SNB/REG NO. : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Institution : \_\_\_\_\_

Mailing Address : \_\_\_\_\_  
\_\_\_\_\_

Contact No : \_\_\_\_\_(Office) \_\_\_\_\_(Mobile)

Email\* : \_\_\_\_\_  
*\*Kindly ensure that email address is written clearly.*

**APPLICANT'S DECLARATION**

I would like to **apply/renew\*** ordinary/corporate membership with Infection Control Association (Singapore) and enclose payment of **\$25/ \$100 (Entrance Fee \$500)** for the Year of \_\_\_\_\_.

(Bank: \_\_\_\_\_Cheque no: \_\_\_\_\_)

\_\_\_\_\_  
Signature Date

*\*Please delete accordingly*

**Membership Information**

Ordinary Members (\$25/year) are practising infection control professionals or any person interested/involved in infection control.

Corporate Members (\$100/year) shall pay an entrance fee of S\$500 and an annual subscription fee of S\$100. Corporate members shall be pharmaceutical firms, business organisations and other registered bodies related to Infection Control.

**Term of Membership**

All application is for 1 calendar year membership only and renewable each year.

**Payment Notes**

Please return the completed application form to **ICA(S) Secretariat**, together with your cheque payment, made payable to **Infection Control Association (Singapore)**.

Alternatively, you may use **PayNow (UEN: T00SS0019K)**. Please provide us the screenshot of your transaction for verification.

You will receive an official receipt from the Secretariat within 10 working days.