

Membership No: _____

Photograph

MEMBERSHIP APPLICATION FORM

Ordinary Membership : Entrance Fee \$10 + Annual Fee \$10

APPLICANT INFORMATION

Name (English):				NRIC Number:		
Address:						
Mobile Number:				Telephone (Home):		
Email address:						
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Nationality:			
Race:	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	Date of Birth:			
	<input type="checkbox"/> Malay	<input type="checkbox"/> Others				
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Number of Children:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Others
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated		<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	<input type="checkbox"/> Widowed/Widower			<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Educational Level:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> JC/Pre-U	<input type="checkbox"/> Tertiary	<input type="checkbox"/> Others:	
Religion:	<input type="checkbox"/> Buddhism	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Taoism	<input type="checkbox"/> Free Thinker		
	<input type="checkbox"/> Christianity	<input type="checkbox"/> Islam	<input type="checkbox"/> Catholicism	<input type="checkbox"/> Others:		
Housing Ownership:	<input type="checkbox"/> Co-owned	<input type="checkbox"/> Rental	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Not Applicable:		
Housing Type:	<input type="checkbox"/> HDB 1-room	<input type="checkbox"/> HDB 2-room	<input type="checkbox"/> HDB 3-room	<input type="checkbox"/> HDB 4-room		
	<input type="checkbox"/> HDB 5-room	<input type="checkbox"/> Executive Condominium	<input type="checkbox"/> Private Property	<input type="checkbox"/> Rental		
	<input type="checkbox"/> Others:					
Staying with:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Grandchildren	<input type="checkbox"/> Parent	<input type="checkbox"/> Friends		
	<input type="checkbox"/> Children	<input type="checkbox"/> Relatives	<input type="checkbox"/> Siblings	<input type="checkbox"/> Others		
Number of people in the same household (including applicant):	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> Others:				

Preferred spoken language/ dialects:	<input type="checkbox"/> Cantonese <input type="checkbox"/> Hokkien <input type="checkbox"/> English <input type="checkbox"/> Tamil <input type="checkbox"/> Teochew <input type="checkbox"/> Hainan <input type="checkbox"/> Chinese <input type="checkbox"/> Hindi <input type="checkbox"/> Hakka <input type="checkbox"/> Foochow <input type="checkbox"/> Malay <input type="checkbox"/> Others:
Hobbies:	<input type="checkbox"/> Singing/Karaoke <input type="checkbox"/> Art and Craft <input type="checkbox"/> Educational Tours <input type="checkbox"/> Music/Songs <input type="checkbox"/> Outdoor Activities <input type="checkbox"/> Exercise <input type="checkbox"/> Reading <input type="checkbox"/> Mental Games <input type="checkbox"/> Movie <input type="checkbox"/> Others (please specify):
Do you wish to know....	<input type="checkbox"/> Lasting Power of Attorney <input type="checkbox"/> Advanced Medical Directive <input type="checkbox"/> Human Organ Transplant Act <input type="checkbox"/> Will Making <input type="checkbox"/> Funeral Arrangement and Processes <input type="checkbox"/> Advance Care Planning <input type="checkbox"/> Others (please specify):
Do you have any health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state:
EMPLOYMENT INFORMATION	
Occupation:	<input type="checkbox"/> Retired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed
EMERGENCY CONTACT	
Name:	
Address:	
Mobile Number:	Telephone (Home):
Telephone (Office):	Relationship with Applicant:
Email Address:	
Introducer Name :	
Introducer Mobile Number:	

CONSENT AND DECLARATION	
Consent To Use Photographs & Videos	I hereby Consent / Do Not Consent (<i>please circle</i>) my photographs taken and videos recorded during any Life Point activities, events and outings to be displayed/uploaded on Life Point pamphlet, website and multimedia for publicity and educational purposes.
Consent To Use Personal Data	<p>I consent to provide Life Point my personal data for the purpose of membership registration. By giving my consent, Life Point may use my personal data for analysis and promoting activities in connection with Life Point's mission.</p> <p>My personal data shall be used by Life Point to verify my identity, create and maintain my membership and to allow my continual participation in the programmes organise by Life Point. In undertaking the foregoing activities, Life Point may need to share my personal data with its service providers or partners for these stated purposes. I hereby consent & authorise Life Point to collect, use, provide or disclose my personal data for the purpose stated above.</p>
Declaration	I declare that the information provided in this form is accurate and to the best of my knowledge.
Signature/Thumb Print:	Date:

FOR OFFICIAL USE

Reasons for joining Life Point as a member (can tick more than 1 box):

<input type="checkbox"/> Entering the 4 th Age Course <input type="checkbox"/> Embracing Life Series <input type="checkbox"/> Bereavement Support <input type="checkbox"/> Advance Care Planning	<input type="checkbox"/> End Of Life Preparation Series – Public Education Talks <input type="checkbox"/> Life Review Series <input type="checkbox"/> Life Wisdom Series <input type="checkbox"/> Others (please specify): _____
--	---