



DISABLED PEOPLE'S ASSOCIATION

Patron: Dr. Tan Cheng Bock

Membership Application Form

ROS 202/84WEL

Personal Particulars:

Name:

Address:

..... Postal code:

Home Tel: Office Tel:

Handphone No: Pager No:

Email:

Date of Birth: I/C No:

Sex: Male Female Marital status:

Ethnic Group: Religion:

Language(s) of Communication: English Chinese Tamil Others

Medium of Communication:

Signing Cassette Tape Braille Ink Print
 sms (hp no) Others

Disabilities: Blindness Deafness Down Syndrome Autistic
 Muscular Dystrophy Intellectual Disability Cerebral Palsy Amputee
 Paraplegia Quadriplegia Poliomyelitis Other (.....)

Mobility or other Aids Used:

Education:

Highest Level Passed:

Name of School/Institution:

Employment:

Occupation:

Office Address:

Affiliation with other Organisations:

Member of:

Position held (if any):

Proposed by: Seconded by:

Signature: Signature:

(Please see notes below)

Enclosed is (tick whichever applicable) postal money order cash

cheque (cheque no:) for being my 1st subscription.

\$ 2.00 (Non-Working Member)

\$10.00 (Associate Member Individual)

\$ 5.00 (Working Member)

\$30.00 (Associate Member Institutional)

Reason(s) for joining DPA:

.....

Signature/Thumbprint of applicant:

Approved by Board of Management

Hon. Secretary:

Date:

(Signature)

Notes:

In order to process your application, please return your application form with one of the following:

1. The 'Proposed by' and 'Seconded by' sections completed by existing members of DPA **OR**
2. A copy of your membership card for Handicaps Welfare Association, Spastic Children's Association, Singapore Association for the Deaf, or Singapore Association for the Visually Handicapped **OR**
3. A copy of a doctor's or school's letter confirming your disability.