



Individual Membership Application Form

Full Name	
Address	
Postal code (eg.123456)	
Preferred contact no.	
Alternate contact no.	
Email address	
Date of birth (DD/MM/YYYY)	
NRIC / FIN no	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others : _____ <input type="checkbox"/> Prefer not to say
Ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Eurasian/Caucasian <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others : _____ <input type="checkbox"/> Prefer not to say
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to say



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<p>Religion</p>	<p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Islam</p> <p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Others : _____</p> <p><input type="checkbox"/> Prefer not to say</p>
<p>Language(s) of communication</p>	<p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Malay</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Tamil</p> <p><input type="checkbox"/> Sign Language</p>
<p>Preferred method of communication</p>	<p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Post</p> <p><input type="checkbox"/> SMS</p> <p><input type="checkbox"/> Whatsapp</p> <p><input type="checkbox"/> Any of the above</p>
<p>Disability</p>	<p><input type="checkbox"/> Sensory – Vision Impairment</p> <p><input type="checkbox"/> Sensory – Deaf / Hard of Hearing</p> <p><input type="checkbox"/> Developmental Disability</p> <p><input type="checkbox"/> Physical Disability</p> <p><input type="checkbox"/> Psychosocial Disability</p> <p><input type="checkbox"/> Multiple disabilities: _____</p> <p><input type="checkbox"/> Other: _____</p>
<p>Condition (Cerebral Palsy, Intellectual Disability, Autism, ADHD, Hard of Hearing, Deaf etc.)</p>	



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Accommodations Used	<input type="checkbox"/> Hearing Aid User <input type="checkbox"/> Guide Dog User <input type="checkbox"/> Mobility Aid User <input type="checkbox"/> Manual Wheelchair User <input type="checkbox"/> Motorised Wheelchair User <input type="checkbox"/> White Cane User <input type="checkbox"/> Sign Interpreter <input type="checkbox"/> Others: _____
Highest educational level passed	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> O level <input type="checkbox"/> A level <input type="checkbox"/> ITE / Higher NITEC <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post Graduate
Name of school / institution attended	
Employer / Company	
Employment / Occupation	



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Affiliation with or membership of other organisation(s)	
Position held in other organisation(s), if any	
Reason(s) for joining DPA	
Annual individual membership fee (tick whichever applicable)	<input type="checkbox"/> \$ 5.00 (Ordinary - Working Adult) <input type="checkbox"/> \$ 2.00 (Ordinary - Student/Non-Working Adult) <input type="checkbox"/> \$10.00 (Associate - Parents of youth with disabilities less than 16 years)
Enclosed is (tick whichever applicable)	<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Cash <input type="checkbox"/> Cheque (Cheque No: _____)
Signature/Thumbprint of Applicant	



Emergency Contact Details

Name of Person	
Relationship	
Mobile Contact No.	

(See Notes On Next Page)

Proposed by (name)	
Signature	
Seconded by (name)	
Signature	



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Notes:

In order to process your application, please submit the following:

1. Copy or scan of the back and front of your NRIC / FIN
2. Membership Fee
3. ONE of the following:
 - 3a) A copy of your membership card from any disability organisation such as Handicaps Welfare Association, Cerebral Palsy Alliance Singapore, Singapore Association for the Deaf, or Singapore Association for the Visually Handicapped OR
 - 3b) A copy of a doctor's or school's letter confirming your disability OR
 - 3c) The 'Proposed by' and 'Seconded by' sections completed by existing members of DPA

Personal Data Protection Act 2012:

Disabled People's Association (DPA) undertakes to maintain your information securely and will restrict access to employees and the Board of Management. DPA collects personal data to ensure its membership and services are as inclusive as possible as well as to collect general statistics on disability in Singapore. DPA will only disclose your data to external third parties where we:

- have your consent; or
- are required to under a statutory or legal obligation; or
- are permitted to do so by the Personal Data Protection Act 2012.

Approved by Board of Management

Hon. Secretary (signature)	
Date	