

Website: www.nsrcc.com.sg
Email: membership@nsrcc.com.sg

Fax: 6545 6508

MEMBERSHIP SERVICE(S) REQUEST FORM Please complete this form and return it to the Membership Department for processing.

Name of Principal N	lember:					
Membership No.:	Date		Signature			
☐ ADDRESS UPI	DATE	MA	ILING FLAG:	□ НОМЕ	□ OFFICE	
HOME	Address:			Sing	gapore ()
	Tel No:		Handphone:			
	Email:					
EMPLOYMENT	Company Name:		Designati	on:		
	Address:			Cina		
	Tel No:		Fax:	Silig	gapore (
	DAMAGED MEMBERSH	IIP CARD	□ SELF-	COLLECT	□ BY MA	AIL .
Name of Card Memb	per:	Mo	embership No.:			
Note: An admin fee of \$10 w month. However, the fe Lost Card – A rep Damaged Card – return the damage	cement? Yes No Billing Facility? Yes vill be levied per membership can	No rd replaced. The formation of the fo	Police Report Atta ee will be reflected or e Report is attached. e damaged membersl	n the Member's Ta	□ No	
Activation of: Spouse Membership						
I have submitted: Marriage Certificate Birth Certificate						
☐ I am aware that	there is a monthly subscrip	otion fee payab	le and this will be	charged to my	membership acc	ount.
	610 (Family) Associate categories quoted are further subject to)			
□ TERMINATIO	ON OF FAMILY MEMB	ERSHIP				
Termination of:	Spouse Membership	☐ Junior Mem	bership			
No. of Membershi	p Card(s) returned:	pcs				
	bership Card(s) together with th pon the receipt of the Membersh		plicable, the monthly	subscription fee v	will only be adjusted	l on