

Association for Oral Health Therapists (Singapore)

New Membership Application

2 College Road, Alumni Medical Centre, Singapore 169850

members@aoht.org.sg

MEMBERSHIP TYPE: *ORDINARY/ ASSOCIATE / STUDENT

Name: _____

SDC registration number: _____

Gender: _____ Date of Birth: _____ NRIC / FIN No: _____

Citizenship: _____ Race: _____

Education institution: _____

Qualification & Month/Year of Graduation: _____

Office Address (include company name): _____

Home Address: _____

Preferred mailing address: *Office / Home

Mobile: _____ Tel (Office): _____ Tel (Home): _____

E-mail: _____

**Please delete accordingly*

I hereby agree to receive:

- Newsletters and upcoming event(s) details and related information.
- Emails with regards to job opportunities and related information.

Supporting documents to be submitted (hard or soft copies):

For ORDINARY membership: Practising Certificate

For ASSOCIATE membership: Identity Card / Passport / Student Matriculation Card OR Practising Certificate (if applicable)

Applicant's Signature & Date

FOR OFFICIAL USE:

Approved by

Date of Approval

Please attach
photo here

Payment modes:

Cheque: to be made out to “Association for Oral Health Therapists (Singapore)”, to attention to AOHT Council when posting.

Internet banking: Maybank 04191007778. Please email us at members@aoht.org.sg when payment is made.