

SINGAPORE PLANNED FAMILIES ASSOCIATION

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<https://www.facebook.com/spfasg> <https://www.giving.sg/singapore-planned-families-association>
https://twitter.com/SPFA_SG

Membership Application Form

Reference Number: _____

Personal Particulars

Title: Dr / Mr / Mdm / Mrs / Ms Name

Date of Birth: _____ Country of Birth: _____ NRIC / Passport Number: _____		Religion: <input type="checkbox"/> Christianity <input type="checkbox"/> Catholic <input type="checkbox"/> Buddhism <input type="checkbox"/> Islam <input type="checkbox"/> Hinduism <input type="checkbox"/> Others _____ (Please specify)		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		(Please indicate # of Children & Ages if applicable)			
Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> _____		Ethnic Group: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____		Language Spoken / Written <input type="checkbox"/> Written / <input type="checkbox"/> Spoken: <input type="checkbox"/> Written / <input type="checkbox"/> Spoken: <input type="checkbox"/> Written / <input type="checkbox"/> Spoken: Please indicate G(Good), F(Fair) or P(Poor) in the box	
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others: _____		Highest Qualifications (or equivalent): <input type="checkbox"/> Masters <input type="checkbox"/> University Degree <input type="checkbox"/> Polytechnic Diploma		<input type="checkbox"/> A-levels <input type="checkbox"/> O-Levels <input type="checkbox"/> N-levels <input type="checkbox"/> Others: _____	
Home Address: _____ _____ _____ Postal Code _____		Office: _____ Home: _____		Mobile: _____ Email Address: _____	
National Service: <input type="checkbox"/> Serving <input type="checkbox"/> Completed <input type="checkbox"/> Part-time <input type="checkbox"/> Exempt State Service Period: _____ to _____ Vocation: _____ Rank: _____					

Current (or Last) Employer

Company Address

Postal Code

Designation (if applicable)

Voluntary Involvement

My Area of Interest

<p>Direct Service:</p> <input type="checkbox"/> Programmes <input type="checkbox"/> Research <input type="checkbox"/> Fund Raising <input type="checkbox"/> Youth <input type="checkbox"/> Education & Training	<input type="checkbox"/> Development <input type="checkbox"/> Leadership Role <input type="checkbox"/> Committee <input type="checkbox"/> Other Interest _____	<p>I can Volunteer my Services:</p> <input type="checkbox"/> At least one year <input type="checkbox"/> About six months <input type="checkbox"/> About three months	<input type="checkbox"/> About one month <input type="checkbox"/> Adhoc Basis <input type="checkbox"/> Other Arrangement _____
<p>Indirect Service:</p> <input type="checkbox"/> Administration <input type="checkbox"/> Coordination	<p>I came to know about Volunteering through:</p> <input type="checkbox"/> NPVC <input type="checkbox"/> MCYS <input type="checkbox"/> NCSS <input type="checkbox"/> Events	<input type="checkbox"/> Media <input type="checkbox"/> (TV/Radio/Newspaper) <input type="checkbox"/> Friends: <input type="checkbox"/> Other Sources: _____	

My preferred time for Volunteering

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday / PH
Mornings							
Afternoons							
Evenings							

Experiences

Tell us the most relevant experience/s you have had (now or recently) that you feel is in line as a contribution toward SPFA mission and vision. Please include employer whether paid or volunteer work.

What expectations you have of SPFA for yourself? And what of the beneficiaries, clients and participants – what do you think your contributions would be for them?

DECLARATION

I declare that all information given by me in this application for membership and any sheets attached hereto are true to the best of my knowledge and I have not wilfully suppressed any material fact. I accept that if any of the information given by me in this application is in any way false or incorrect, my application may be rejected, and any offer of membership may be withdrawn with the Singapore Planned Families Association may be terminated summarily or I may be dismissed from the Singapore Planned Families Association.

Signature of Applicant: _____ Date: _____