



## ACADEMY OF MEDICINE, SINGAPORE

81 Kim Keat Road, #11-00, NKF Centre, Singapore 328836

Phone: 6593 7800 Fax: 6593 7860

Email: [main@ams.edu.sg](mailto:main@ams.edu.sg) Website: [www.ams.edu.sg](http://www.ams.edu.sg)

### APPLICATION FOR MEMBERSHIP

Thank you for your interest to join the Academy of Medicine, Singapore.

#### AMS Membership Application Process

- (a) To apply, you may choose to complete the following application form and submit it, with accompany materials, with a non-refundable application fee of \$53.50 (inclusive of 7% GST) to:

The Academy of Medicine, Singapore  
81 Kim Keat Road, #11-00 NKF Centre  
Singapore 328836

ATTN: Membership Officer

- (b) Or apply online via our e-MAP (electronic Membership Application and Processing) available at <http://application.ams.edu.sg/form> with a non-refundable application fee of \$42.80 (inclusive of 7% GST).
- (c) After your application is received, you will receive an e-mail confirmation. Please allow several weeks for the application process.

#### Membership Category and Fees

Category	Entrance Fee*	Annual fee*
<b>Fellow</b> Qualified individuals of the Medical or Dental profession holding a primary qualification registrable with the Singapore Medical Council or the Singapore Dental Medical Council.  <b>+A reduced entrance fee of \$300 would apply to applicants who apply within six months of SAB Accreditation.</b>	S\$500+	S\$500
<b>Ordinary Member</b> Qualified individuals of the Medical and Dental professions who are pursuing specialty training in an accredited department	S\$100	S\$100
<b>Overseas Fellow</b> Fellows who are normally resident outside Singapore (minimum period of 6 months)	S\$500	S\$100

Note: \*prevailing GST applies

Upon successful admission to the Academy, each Fellow will be requested to make the following payments:

1. a one-time entrance fee;
2. pro-rated membership fee for the first year
3. one-time payment to the Building and Endowment Fund of \$1,000 (inclusive of GST)

If you have any questions or need further information, please call our membership officer at Tel No.: (65) 65937883 or via email at [membership@ams.edu.sg](mailto:membership@ams.edu.sg).

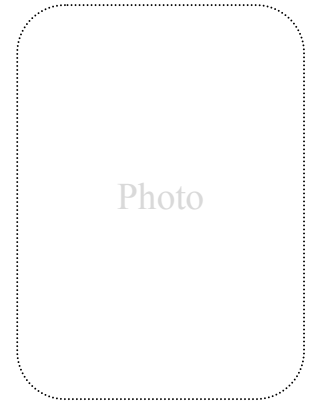


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**APPLICATION FORM FOR FELLOWSHIP**

Please choose the appropriate category of membership:

Fellow (Local)  Fellow (Overseas)  Ordinary  Associate

Please indicate the specialty (specialties) you are registered with the SMC:

1. \_\_\_\_\_ 2. \_\_\_\_\_ (Dual Accreditation, if applicable)

Please indicate the College/Chapter of your specialty (specialties) or leave it blank if unsure.

College: \_\_\_\_\_ Chapter: \_\_\_\_\_

**A: PERSONAL DETAILS**

Surname:		Given Name:		Salutation: Prof/Assoc Prof/Dr Mr/Ms/Mdm/Others: _____	
NRIC/Passport No:		FIN No:		MCR No:	
Date of Birth:			Nationality:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Group: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others: _____		
Home Address:			Office/Practice Address:		
Postal Code:			Postal Code:		
Preferred mailing address (tick one): <input type="checkbox"/> Home <input type="checkbox"/> Office					
Tel:	(Home)	(Office)	(Mobile)	(Fax)	
Email address:(compulsory information)					

**B: QUALIFICATIONS / POSTGRADUATE STUDIES**  
Please attach Certified True Copies of your certificates.

Type (Basic/Post-graduate)	Qualification	Year	Conferring Institute	Country



**F: REFEREES** \*Not a direct family member of the applicant and must be a current paid member.  
List three referees who are Fellows of the Academy of Medicine, Singapore, two of whom shall be of 5 years' standing and in the specialty within the same Chapter/College.

	Referee 1 (specialty within the same Chapter/College with 5 years standing)	Referee 2 (specialty within the same Chapter/College with 5 years standing)	Referee 3
Name			
FAMS admission date			
MCR No			
Address			
Contact no			
Email address			
Signature of referee * (indicating consent)			

\* In the absence of signatures, relevant documents (email correspondences/letters) indicating consent from referees to be attached to application.

### G: WHY DO YOU WANT TO BE A MEMBER OF THE ACADEMY?

1. How did you hear about AMS?

- |   |   |
|---|---|
| <input type="checkbox"/> AMS website      | <input type="checkbox"/> JCST                           |
| <input type="checkbox"/> Fellow FAMS      | <input type="checkbox"/> College/Chapter                |
| <input type="checkbox"/> All of the above | <input type="checkbox"/> Others, please indicate: _____ |

2. Please give us a short narrative as to why you want to become a Fellow of the Academy.

### H: DECLARATION

I declare that all information and supporting documents submitted in support of this application are accurate.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Important:** The Academy of Medicine, Singapore reserves the right to verify the information submitted on your application form with the academic bodies or the employer(s) listed by you.

### CHECKLIST FOR SUBMISSION OF APPLICATION:

No.	Items	Yes	No	NA
1.	Photo is attached on the top right corner of the front page			
2.	Ticked the box of the category of membership applying for			
3.	Certified True Copies of relevant documents are enclosed			
	a. Letter issued by JCST confirming completion of the AST			
	b. Certificate of specialist accreditation by Specialist Accreditation Board			
	c. Certificate of medical registration with Singapore Medical Council			
	d. Other certificates of qualifications/postgraduate studies			
4.	Letter from institution supporting your overseas training/attachment is enclosed			
5.	Copy of Curriculum Vitae is enclosed			
6.	Business card (if available) is enclosed			
7.	Non-refundable application fee of S\$53.50 or \$42.80 (for on-line applications) including 7% GST is enclosed			

#### FOR AMS USE

Application Ref. : \_\_\_\_\_ Date : \_\_\_\_\_

Application Fee     YES         NO

Exit Certified by JCST     YES         NO         NA

Registered with SAB     YES         NO         NA

Recommended by     3 Referees     Chapter     College     Standing Committee     Others \_\_\_\_\_

Result of Application     Approved     Rejected     Deferred

**Thank you for your interest.**

**Please mail this form with payment to:  
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