



ACADEMY OF MEDICINE, SINGAPORE

PATRON: PRESIDENT OF THE REPUBLIC OF SINGAPORE
Committed to specialist education and training since 1957

VISA / MASTERCARD PAYMENT AUTHORISATION FORM

Fax to 6593 7875 or send to

The Academy of Medicine, Singapore
81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836
ATTN: Finance Officer
Tel: 65937883(Membership) / 65937874(Finance)

PERSONAL PARTICULARS:

MCR/DCR no.

Name

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PLEASE INDICATE THE PAYMENT YOU ARE PAYING FOR:

Type of Payment	S\$
1. Membership Application Fee	
2. Membership Dues: (Year(s) _____)	
3. Building and Endowment Fund	
4. Others: _____	
Total amount to be paid	

VISA / MASTERCARD DETAILS:

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I authorize the Academy of Medicine, Singapore to charge the total amount of \$ _____ to my credit card.

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