



ACADEMY OF MEDICINE, SINGAPORE

PATRON: PRESIDENT OF THE REPUBLIC OF SINGAPORE

APPLICATION FOR MEMBERSHIP

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

Membership Application Process

To, apply, you may:

- (a) Submit the completed application form with accompanying documents and a non-refundable application fee of **\$53.50** (inclusive of 7% GST) to the Academy of Medicine, Singapore; or
- (b) Or apply online via our e-MAP (electronic Membership Application and Processing) available at <https://mms.ams.edu.sg/form> with a non-refundable application fee of **\$42.80** (inclusive of 7% GST).

You will receive an e-mail confirmation upon our receipt of your application. Please allow several weeks for the application process.

Membership Category and Fees

Upon successful admission to the Academy, Fellows of the Academy of Medicine, Singapore (FAMS) will be requested to make payment as per schedule:

Membership Category	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6 & Beyond
Fellow Qualified individuals of the Medical or Dental profession holding a primary qualification registrable with the Singapore Medical Council or the Singapore Dental Council	S\$800	S\$800	S\$800	S\$800	S\$800	Adjusted to prevailing annual subscription fee at S\$500
Fellow (admitted within 6 months of SAB Accreditation)	S\$500					
Overseas Fellow Fellows who are normally resident outside Singapore (minimum period of 6 months)	S\$400	S\$400	S\$400	S\$400	S\$400	Adjusted to prevailing annual subscription fee at S\$100
Ordinary Member Qualified individuals of the Medical and Dental professions who are pursuing specialty training in an accredited department	S\$100					
Associate Member Qualified Individuals who do not fulfil the criteria of a Fellow and are able to further the interests of the Academy in their particular fields	S\$200					

Note: *prevailing GST applies

If you have any questions or need further information, please contact us at
Tel No.: (65) 65937883 or via email at membership@ams.edu.sg.



81 Kim Keat Road, #11-00, NKF Centre, Singapore 328836 • Tel: (65) 6593 7800 • Fax: (65) 6593 7880
Email: main@ams.edu.sg • Website: www.ams.edu.sg • Registration No: 197702012E • Charity No: 000043

APPLICATION FORM FOR FELLOWSHIP (DENTAL SPECIALISTS)

Please choose the appropriate category of membership:

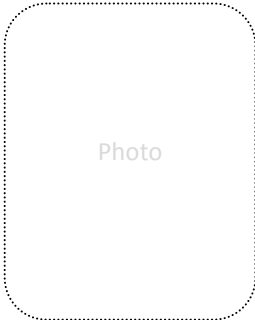
- Fellow (Local) Fellow (Overseas) Ordinary Associate

Please indicate the specialty (specialties) you are registered with the Singapore Dental Council:

1. _____ 2. _____ (Dual Accreditation, if applicable)

Please indicate the College/Chapter of your specialty (specialties):

College: _____ Chapter: _____



A: PERSONAL DETAILS				
Surname:		Given Name:		Salutation: Prof/Assoc Prof/Dr Mr/Ms/Mdm/Others: _____
NRIC/Passport No:		FIN No:		DCR 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 (Applicant must be registered with Singapore Dental Council)				
Please attach Certified True Copies of your certificates if they are <u>not</u> listed on the Singapore Dental Council website.				
Type (Basic/Post-graduate)	Qualification	Year	Conferring Institute	Country

C: EMPLOYMENT HISTORY				
Please begin with your most current or last held appointment.				
Department	Institution	Appointment	From	To
D: APPOINTMENTS IN OTHER PROFESSIONAL ORGANISATIONS				
Organisation	Appointment	Membership Type	From	To
E: REFEREES *Not a direct family member of the applicant and must be a current paid member. List three referees, two of whom shall be Fellows of the Academy of Medicine, Singapore of 5 years' standing and one of these Fellows shall be in the same specialty as the applicant.				
	Referee 1 (specialty within the same Chapter/College with 5 years standing)	Referee 2	Referee 3	
Name				
Practice Place				
Email Address				
F: 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.				
G: 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 certificates are attached (only if they are they are <u>not</u> listed on the Singapore Dental Council website)			
4	Copy of Curriculum Vitae is enclosed			
5	Business card (if available) is enclosed			
6	Non-refundable application fee of S\$53.50 or \$42.80 (for on-line applications) including 7% GST is enclosed.			

**Thank you for your interest.
Please mail this form with payment to:
Academy of Medicine, Singapore
81 Kim Keat Road #11-00 NKF Centre
Singapore 328836
ATTN: Membership Executive**