



ACADEMY OF MEDICINE, SINGAPORE

PATRON: PRESIDENT OF THE REPUBLIC OF SINGAPORE

APPLICATION FOR MEMBERSHIP

Thank you for your interest in joining the Academy of Medicine, Singapore.

Membership Application Process

To, apply, you may:

- Submit the completed application form with accompanying documents and a non-refundable application fee of **\$54.50** (inclusive of 9% GST) to the Academy of Medicine, Singapore; or
- 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 **\$43.60** (inclusive of 9% GST).

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

Membership Category and Fees

Upon successful admission to the Academy, Fellows and Members of the Academy of Medicine, Singapore 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 of 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)	NA	S\$400	S\$400	S\$400	S\$400	Adjusted to prevailing annual subscription fee of 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

For further queries, please contact us at Tel: (65) 65937873 or email: membership@ams.edu.sg.

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 Singapore Medical Council:

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

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

College: _____ Chapter: _____

Photo

☐ Please tick here if you do not wish for your photo to be listed in the Find a FAMS specialist directory.

A: PERSONAL DETAILS

Surname:	Given Name:	Salutation: Prof/Assoc Prof/Dr Mr/Ms/Mdm/Others: _		
MCR No.:				
Date of Birth:	Nationality:			
Gender: ☐ Male ☐ Female	Ethnic Group: ☐ Chinese ☐ Malay ☐ Indian ☐ Others: _____			
Home Address:	Office/Practice Address:			
Postal Code:	Postal Code:			
Preferred mailing address (tick one): ☐ Home ☐ Office				
Tel:	(Home)	(Office)	(Mobile)	(Fax)
Email address:(required)				

B: QUALIFICATIONS / POSTGRADUATE STUDIES (Applicant must be registered with Singapore Medical Council)

Please attach Certified True Copies of your certificates if they are not listed on the Singapore Medical 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 **two** referees who are current Fellows of the Academy of Medicine, Singapore with 5 years in good standing, one of whom shall be in the same specialty within the same Chapter/College.

	<u>Referee 1</u> (FAMS with 5 years in good standing and in the specialty within the same College/Chapter)	<u>Referee 2</u> (FAMS with 5 years in good standing)
Name		
Practice Place		
Email Address		

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

1. How did you hear about AMS?

- ☐ AMS website ☐ JCST
☐ Fellow FAMS ☐ College/Chapter
☐ All of the above ☐ 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 Medical Council website)			
4.	Copy of Curriculum Vitae is enclosed			
5.	Business card (if available) is enclosed			
6.	Non-refundable application fee of S\$54.50 or \$43.60 (for on-line applications) including 9% 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 Relations**