



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, please

- (a) Submit the completed application form with accompanying documents
- (b) Or apply online via the Academy's e-MAP (electronic Membership Application and Processing) available at <https://mms.ams.edu.sg/form>
- (c) Make payment for the non-refundable application fee of **\$54.50** (inclusive of 9% 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 and Members of the Academy of Medicine, Singapore will be requested to make payment as per schedule:

Membership Category	Annual Fee* (SGD)
Fellow	600
Fellow (Overseas)	400 100 (over five years' membership)
Fellow (International)	300
Ordinary Member	100
Associate Member	200

**Prevailing GST applies.*

If you have any questions or need further information, please
contact us at Tel No.: (65) 6593 7873 or
via email at membership@ams.edu.sg.

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: _____

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: _____		
DCR 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 ☐ Home ☐ Office (tick one):				
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 not 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 **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 Chapter/College)	<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 Dental 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 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