



**HEALTH INFORMATION CENTRE (HIC)  
HEALTH PROMOTION BOARD**



**HIC Corporate Membership Application Form**

You will take 10 minutes to fill in this Form to apply for HIC membership. You will need to obtain your Department Head or Supervisors to endorse this form before submission and to enclose your cheque of \$500 made payable to the **Health Promotion Board** for the membership. Please enclose a copy of your NRIC (front and back). By submitting this Form, you agree to abide by the Rules and Regulations of HIC. Incomplete form will be rejected.

**Personal Particulars**

Name (Dr/Mr/Mrs/Ms/Mdm) : \_\_\_\_\_ (in BLOCK letters)  
(underline surname)

Occupation : \_\_\_\_\_ NRIC : \_\_\_\_\_

Home Address : \_\_\_\_\_

E-mail : \_\_\_\_\_ Fax Number : \_\_\_\_\_

Phone No. : \_\_\_\_\_ Home : \_\_\_\_\_

Purpose of joining HIC : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Particulars of Organisation** (To fill in where applicable)

Name of Organisation: \_\_\_\_\_

Name of Head / Supervisor: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone (office) : \_\_\_\_\_ Fax Number : \_\_\_\_\_

Signature of Head / Supervisor : \_\_\_\_\_ Date : \_\_\_\_\_

Official Stamp of Organisation:

- Please allow 1-2 weeks for processing of application.
- The application form and cheque are to be sent to "Manager, Health Information Centre, 3 Second Hospital Avenue, Singapore 168937.

**For Official Use**

Membership Number : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

Approved by DD, HID : \_\_\_\_\_

Registered by (HIC staff) : \_\_\_\_\_ Date : \_\_\_\_\_

**3 Second Hospital Avenue  
Singapore 168937  
Tel: 64353954 Fax: 65361277**

Updated May 2006