



**HIC Corporate Membership Renewal Form**

You will take 10 minutes to fill in this Form to renew your HIC membership. You will need to obtain your Department Head or Supervisors to endorse this form before submission and to enclose your crossed cheque of \$500 payable to **Health Promotion Board** for the membership renewal. By submitting this Form, you agree to abide by the Rules and Regulations of HIC. Incomplete forms will be rejected.

**Personal Particulars**

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

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

HIC Membership No : \_\_\_\_\_ Validity of Membership: \_\_\_\_\_

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

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

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

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 renewal. You will be informed when your renewal is complete and to obtain a new expiry date sticker for your membership card. The renewal form and cheque are to be sent to "Manager, Health Information Centre, 3 Second Hospital Avenue, Singapore 168937.

**For Official Use**

Membership Category : C (Corporate) Expiry Date : \_\_\_\_\_

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

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