



HIC Membership Renewal Form

(for Health Promotion Facilitators, GPs, Schools & Community Organisations)

You will take 10 minutes to fill in this Form to renew your HIC membership. You will also need to obtain your Department Head or Supervisor to endorse this form before submission. 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)
(according to NRIC) _____ (underline surname)

Membership No. : _____ (This is printed on your membership card)

Home Address : _____

Office Address : _____

Telephone (Home) : _____ HP : _____

Telephone (Office) : _____ Fax : _____

Signature : _____ Date : _____

Particulars of Institution/Department/Clinic

Name of Head/Supervisor : _____

Name of Institution/Clinic : _____

Office Address : _____

Telephone (Office) : _____ Fax : _____

Signature of Head/Supervisor : _____ Date : _____

Official Stamp of Institution/Department/Clinic :

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.

*Delete where necessary

For Official Use

Membership Category : CC / HC / SD / SH / WP Expiry Date : _____

General Notes : _____

Approval by DD, HID : _____

Updated by (HIC staff) : _____ Date : _____