



HIC Membership Application Form
(for Health Promotion Facilitators, GPs, Schools & Community Organisations)

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

NRIC : _____ Duration of course (for students only) : _____

Home Address : _____

Telephone (Office) : _____ HP : _____

Email : _____

Purpose of joining HIC : _____

Signature : _____ Date : _____

Particulars of Institution/Department/Clinic

Name of Head/Supervisor : _____

Name of Organisation/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 application.

*Delete where necessary

Would you like to receive health messages and updates from HPB? Yes No

How would you like to receive the updates? E-mail SMS

For Official Use

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

General Notes : _____

Approval by Mgr, HIC : _____

Updated by (HIC staff) : _____ Date : _____