

Singapore Life Saving Society

(A National Member of The Royal Life Saving Society - Commonwealth and International Life Saving Federation)

21 Geylang Bahru Lane, c/o Kallang Basin Swimming Complex, Singapore 399627, Tel: 6299-3660 Fax: 6299-0693

SLSS Membership Application Form (*New Application*)



(Please tick [✓] in one of the following boxes where appropriate):

- I wish to register my membership as an active status SLSS Lifesaving Examiner.
- I wish to register my membership as an active status SLSS Lifesaving Teacher.
- I wish to register my membership as an active status SLSS Lifesaving Instructor.

Name: (Dr/Mr/Mrs/Madam/Miss) _____

Please update on the following information if there has been any changes since you previously provided SLSS:

Nationality: _____ Profession: _____

Address: _____ Postal Code: _____

Tel.(H): _____ (O): _____ (HP/Pager): _____

Email: _____ Highest Education: _____

Employer: _____ (Optional)

Please Circle :

Languages Spoken : English / Mandarin / Malay / Tamil / Others: _____

Languages Written : English / Chinese / Malay / Tamil / Others: _____

(*Please attach extra sheet for the following section if necessary)

Highest SLSS Awards Achieved:

<u>Awards Title</u>	<u>Examination Date</u>	<u>Examination Reference</u>
_____	_____	_____
_____	_____	_____

Any other lifesaving / medical related qualifications achieved :

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

Teaching Experience:

I agree to abide by the prevailing rules and regulations and code of conduct governing my status if my application is approved.

Date : _____ Signature : _____