

Associate Member Application Form

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

Personal Particulars

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

Date of Birth : _____ NRIC/Passport No.: _____

Nationality : _____

Address : _____ Postal Code : _____

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

Email : _____

Highest Education : _____

Profession : _____

Employing Organisation : _____
(Optional)

Please Circle :

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

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

Highest SLSS Awards Achieved (Minimum Bronze Medallion & CPR), if any :

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

Any other lifesaving / medical related qualifications achieved :

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

Teaching Experience (if any), please specify :

Date : _____ Signature : _____