



# The Society for Colposcopy & Cervical Pathology of Singapore

Secretariat: Citystate Conference & Exhibition Pte Ltd  
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**MEMBERSHIP APPLICATION FORM**

Type of Membership:            Ordinary                    Associate                    Overseas

Name : \_\_\_\_\_ Female/Male

NRIC/Passport No : \_\_\_\_\_

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

Practice Address : \_\_\_\_\_

DOB \_\_\_\_\_ Tel No \_\_\_\_\_ Pg/Hp No \_\_\_\_\_

Email \_\_\_\_\_ MCR No \_\_\_\_\_

Professional Qualifications \_\_\_\_\_

Occupation \_\_\_\_\_

Proposer \_\_\_\_\_

Seconder \_\_\_\_\_

**PLEASE NOTE**

1. In accordance to paragraph 7(1) in the Constitution, the proposal of candidates for membership for Ordinary Member, Associate Member, Absentee Member and Overseas Member:

*“Application shall be made on the appropriate form by a person who must be proposed by a member of the Society. A member, elected by majority vote of the Council, shall be provided a copy of the Constitution of the Society and shall be eligible to participate in the Society’s activities upon the payment of the initial annual subscription. The Council may refuse membership if the Council considers that the practices or conduct of the applicant may be prejudicial to the interests of the Society or the reputation of the medical profession as a whole.”*

2. Annual subscription for Ordinary Member, Associate Member and Overseas Member is S\$50.00.

3. Crossed cheque should be made in Singapore Dollars and payable to **“SCCPS”**

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I, the undersigned, understand and abide by the terms and conditions of application for membership to the Society.

Signature .....

Date .....