



**Breastfeeding  
Mothers'  
Support Group**  
SINGAPORE

96 Waterloo Street, #02-04 SCWO Centre, Singapore 187967.  
Tel / Fax No : 6337 0508  
Counselling Helpline : 6339 3558  
Email : office@breastfeeding.org.sg  
Web Page : http://www.breastfeeding.org.sg

FOR OFFICIAL USE ONLY		
* Membership Details *		
NRIC No		* Membership Type *
BMSG No		Full / Associate
Expiry Date		Annual / Life / H&W
Date Paid		
Amount		
Cash/Cheque No.		
Receipt No		
Package Mailed on		
Handbook Given on		
Coordinator informed		

## MEMBERSHIP APPLICATION

### Part A Personal Particulars

I hereby apply for admission as a member and agree to abide by the constitution and rules of the Group.

Name Mr/Mrs/Mdm/Miss/Dr \_\_\_\_\_

NRIC/FIN No \_\_\_\_\_ Citizenship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel (Home) \_\_\_\_\_ Tel (Office) \_\_\_\_\_

Fax \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

Please indicate how you found out about the Group \_\_\_\_\_

### Part B Spouse's Particulars

Name Mr/Mrs/Mdm/Miss/Dr \_\_\_\_\_

NRIC No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_

### Part C Children's Particulars

Child's Name	Gender	Date of Birth	Duration of Breastfeeding (? months/ongoing ?)
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

### Part D Type of Membership (please refer to the Membership Notes below before completing this portion)

I am applying for :

- Life Membership S\$300.00
- Full Membership S\$30.00 per annum  
(Retiree's rate S\$25.00 per annum)
- Associate Membership S\$30.00 per annum  
(Retiree's rate S\$25.00 per annum)
- Husband & Wife Membership S\$50.00 per annum

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

All cheques should be made payable to "Breastfeeding Mothers' Support Group (S) and attached to this application form and sent to our office at :  
96 Waterloo Street, #02-04 SCWO Centre, Singapore 187967

#### MEMBERSHIP NOTES

- Full Membership is open to women who have breastfed predominantly for at least 6 weeks.
- Associate Membership is open to any individual who shares the conviction that breastfeeding is the best form of infant nutrition or to any women who is pregnant and planning to breastfeed. (Pregnant applicants without breastfeeding experience will be admitted as Associate Members first and converted to Full Members after breastfeeding experience is gained)
- Retirees shall pay a reduced subscription of S\$25.00 per annum. If both husband and wife join as members, they shall pay a discounted rate of S\$50.00 per annum.
- Life membership is open to a Full or an Associate member who opts to pay the Life membership fee.
- All members shall have one vote each but only Full Members shall be eligible to hold office.
- For Husband & Wife Membership, applicants are to complete a separate form and submit their applications together.