



## SINGAPORE THORACIC SOCIETY

c/o Dept of Respiratory Medicine, Tan Tock Seng Hospital  
11 Jalan Tan Tock Seng, Singapore 308433  
Website: [www.sts.org.sg](http://www.sts.org.sg) Email: [mail@sts.org.sg](mailto:mail@sts.org.sg)

### Membership Application Form

Name: \_\_\_\_\_

*(Please underline surname/family name)*

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Undergraduate Education  
Institution, Place & Year: \_\_\_\_\_

Current Appointment: \_\_\_\_\_

Institution: \_\_\_\_\_

Specialty: \_\_\_\_\_

Subspecialty Interests: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Membership Category & Fees: \*Ordinary \$35 / Associate \$10 (please delete as necessary)  
(Please make cheque payable to "Singapore Thoracic Society")

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Article 5

**Ordinary Members** shall be medical practitioners who hold a registrable qualification and who are practising thoracic medicine or are interested in thoracic medicine.

**Associate Members** shall be scientific workers and personnel of ancillary services in Singapore who are interested in thoracic medicine.