

Singapore Life Saving Society

(A National Member of The Royal Life Saving Society - 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 from 1 July 2019 – 30 June 2021 (New Application)

SLSS's Personal Data Collection Statement

- SLSS is committed to protecting our members and subscribers personal data in accordance with the Singapore Personal Data Protection Act ("PDPA").
- In line with the PDPA, by submitting this form, I hereby give my consent to SLSS to collect, use and disclose my personal data for the purposes of administering and processing of payments for membership and events etc and/or to receive further information from SLSS and/or for communication pertaining to all my membership, event and course information. Notwithstanding to also facilitate necessary liaison on lifesaving examination and/or SwimSafer Assessment coordination if any.
- I am aware that I may update the personal data and/or withdraw the consent provided by me in writing at any time or to unsubscribe via SLSS emails.

(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.

Photo
to adhere
if new
photo is
preferred

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

Please update on the following information:

Nationality: _____ NRIC No.: _____ Profession: _____
Address: _____ Postal Code: _____
Tel.(Hm): _____ (O): _____ (HP): _____
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>
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Other lifesaving / medical related qualifications acquired:

1. _____ 2. _____

3. _____ 4. _____

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: _____

Please note: Renewal Fee - \$100 for 1 Jul 2019 to 30 June 2021 for renewal of Lifesaving Instructor/Teacher membership. Waived for Registered Examiner (does not require registration as Teacher). Cash and Nets payment can only be made at SLSS Office. For ibanking, payment can be made via bank transfer (OCBC current account number is: 506-028430-001). Cheque payment should be crossed out and made payable to "Singapore Life Saving Society".

For Official Use Only:

Date Received: _____ Amount Received: \$ _____ Receipt: _____

Remark: _____