## SOCIETY OF NEUROVASCULAR INTERVENTION AND SURGERY (SINGAPORE) MEMBERSHIP APPLICATION FORM

Membership Category				
Full Member Nati	onal Associate Member	Overseas Associate Member		
Neurology Neu	roInterventional Radiology	Neurosurgery		
Name	:			
Email	:			
Highest Qualification	:			
Year of Completion of Training	:			
Work Designation	:			
Place of Work	:			
Nationality	:			
Country of Residence	:			
Referee recommendation (Referee will need to be full	:			

#### **Membership Categories**

member of the society)

Full members are registered Medical Practitioners who possess the following:

a) undergone a recognised post graduate training (or residency) in radiology, neurosurgery or neurology;

b) completed/undergoing specialised training in the management of neurovascular diseases;c) be actively involved in the surgical and/or endovascular management of neurovascular diseases.

**Associate members** are specialist trainees, registered nurses/ registered Allied Health personnel with an interest in Neurovascular therapies.

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#### Entrance Fee and Annual Subscription

	One-Time Entrance Fee	*Annual Subscriptions
Full Members	SGD 200	SGD 50
Associate Members	SGD 50	SGD 15

\* Annual subscription will be based on the calendar year.

Associate Members who subsequently qualify to be Full Members will pay the difference (SGD 150) in the one-time entrance fee.

Membership fee and subscription can be made after the approval of the application. Please email completed form to <u>secretariat@thegenesis.sg</u>. You will be contacted when the application has been approved for membership payment.

### Membership Payment Options

Via PayNow	Via Internet Bank Transfer
SNVIS	Bank Name : DBS Bank Ltd
UEN: T21SS0049C	Account Number : 072-037474-6

## Via Cheque

Payee : **SNVIS** Please mail cheque to: 10 Anson Road #32-10 Singapore 079903