

Your Photograph

Your Photograph

Please attach a **recent, colour** photo in the box provided using **glue** only.

Trim the photo to **3.5 x 3.5cm**, and ensure that your face can be seen clearly.

Photograph will not be returned.

Basic Card Applicant

Please write your name and I.C. no. on the back of your photograph and glue it here.

Name

NRIC No.

Supplementary Card Applicant

Please write your name and I.C. no. on the back of your photograph and glue it here.

Name

NRIC No.



Membership Application Form

MAIN APPLICANT'S PARTICULARS

NRIC NO.:	NAME (AS IN NRIC):		IF RENEWAL, STATE LAST EXPIRY DATE:
DATE OF BIRTH: (DD/MM/YYYY)	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	NO. OF CHILDREN:	
EMAIL ADDRESS:			Attach photographs of all applicants, including nominees. Please write name & NRIC behind photos.
HOME TEL:	RACE:		
OFFICE TEL:	RELIGION:		
HANDPHONE:	OCCUPATION:		
ADDRESS:			
POSTAL CODE:			

EDUCATIONAL LEVEL:
 PSLE N Level O Level A Level ITE Diploma Degree Post Graduate

NOMINEES:

Name of Spouse: _____ Sex: Male Female NRIC No: _____ DOB: _____

Name of Child: _____ Sex: Male Female NRIC No: _____ DOB: _____

Name of Child: _____ Sex: Male Female NRIC No: _____ DOB: _____

Name of Child: _____ Sex: Male Female NRIC No: _____ DOB: _____

MODE OF PAYMENT

ORDINARY / ASSOCIATE MEMBERSHIP				FAMILY MEMBERSHIP FEE (Term should not exceed Principle Member)			
<input type="checkbox"/> 2 YEARS	<input type="checkbox"/> 3 YEARS	<input type="checkbox"/> 5 YEARS	<input type="checkbox"/> 10 YEARS	<input type="checkbox"/> 2 YEARS	<input type="checkbox"/> 3 YEARS	<input type="checkbox"/> 5 YEARS	<input type="checkbox"/> 10 YEARS
\$30.00	\$40.00	\$60.00	\$70.00	\$4.00	\$6.00	\$10.00	\$20.00

DINERS CLUB CARD (AUTO BILLING OF HTNS MEMBERSHIP FEES*) CASH / NETS PAYMENT

CHEQUE PAYMENT Bank: _____ Cheque No.: _____ Total Enclosed Payment: \$ _____

OPT OUT REQUEST (Tick Here)

I would like to receive the HomeTeamNS membership card only & opt out from the Diners Club / HomeTeamNS Affinity Credit Card Program.

Please do not send cash by post. All cheques should be crossed and made payable to "HomeTeamNS". No refunds will be given if the applicant is found not eligible for HomeTeamNS membership. *Please attach photocopy of Marriage Certificate (Spouse) and/or Birth Certificate (Child) as well as photograph. Family Membership for male child applicants is only up to the age of 21 years.

IMPORTANT: All information is subject to verification. Insufficient information may cause delay in processing your application. To expedite processing, please attach relevant photocopied document(s) as proof of your HomeTeamNS status. For more information, please call **6665 4600** for assistance.

DECLARATION

I affirm that I am eligible to join HomeTeamNS though I cannot show any documentary proof at the time of submission of my application. I am fully aware that my membership will be terminated if I am later found not to be a CD/PNSman or MHA staff or HT Council/Committee member. I declare that I will not claim for any refund of paid up membership fees for such membership termination. I declare that the particulars given are correct and agree to abide by the rules and regulations of the Association.

*I agree to allow Diners Club (Singapore) Pte Ltd to auto bill the membership fees for extension of my membership and as well as my Family Membership (if applicable). Applications for Diners Club Supplementary Card are subject to approval.

Signature of Applicant

Date

FOR HTNS OFFICIAL USE

JOIN/RENEWAL DATE : _____	APPLICATION: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
EXPIRY DATE : _____	REMARKS: _____
RECEIPT NO. : _____	_____ For GENERAL SECRETARY HomeTeamNS / Date

PLEASE SEND/SUBMIT COMPLETED FORM TO: [HomeTeamNS @ Bukit Batok, 2 Bukit Batok West Ave 7, Singapore 659003](#)

THANK YOU for applying for the Diners Club Card.

Please send us your application with this prepaid Business Reply Folder.

1. Fold along the dotted lines;
2. Put in your Application Form **together** with the required documents into this folder;
3. Glue or tape the edges of this folder;
4. Mail this folder at your nearest post box.

NO STAMPS REQUIRED

Postage will be
paid by
addressee.
For posting in
Singapore and
Malaysia only.

BUSINESS REPLY SERVICE
PERMIT NO. 04387



The Membership Department
HomeTeamNS
2 Bukit Batok West Ave 7
Singapore 659003