



# ACADEMY OF MEDICINE, SINGAPORE

PATRON: PRESIDENT OF THE REPUBLIC OF SINGAPORE  
*Committed to specialist education and training since 1957*

## VISA / MASTERCARD PAYMENT AUTHORISATION FORM

*Fax to 6593 7875 or send to*

Academy of Medicine, Singapore  
81 Kim Keat Road, #11-00 NKF Centre, Singapore 328836  
ATTN: Finance Officer  
Tel: 65937883(Membership) / 65937874(Finance)

### PERSONAL PARTICULARS:

MCR/DCR no.	<input type="text"/>
Name	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

### PLEASE INDICATE THE PAYMENT YOU ARE PAYING FOR:

Type of Payment	S\$
1. Membership Application Fee	
2. Membership Dues: (Year(s) _____)	
3. Building and Endowment Fund	
4. Others: _____	
<b>Total amount to be paid</b>	

### VISA / MASTERCARD DETAILS:

Card Type	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card Number	<input type="text"/>	
CVV No.	<input type="text"/>	(3-digit code at back of card)
Expiration Date	<input type="text"/>	(mm/yyyy)
Name on Card	<input type="text"/>	

I authorize the Academy of Medicine, Singapore to charge the total amount of \$ \_\_\_\_\_ to my credit card.

\_\_\_\_\_  
Card holder's Signature

\_\_\_\_\_  
Date

Email: main@ams.edu.sg • Website: www.ams.edu.sg • GST Registration No: 197702012E • Charity No: 000043