

MEMBERSHIP SCHEME OF CO-OPERATION SDA

6220 2588 | membership@sda.org.sg

Dental
Protection



Payment details

To confirm what your MPS subscription rate should be, please contact SDA on 6220 2588 and indicate the amount below. Return this entire form with any enclosures to: **2 College Road, Singapore 169850.**

Method of payment

I wish to pay my subscription in accordance with the following instructions. Please tick one of the options below:

- Cheque (in full) – Crossed and made payable to: Singapore Dental Association **S\$**
- Cash – Cash payment to be made at the SDA office. Do not send cash by post. **S\$**
- Fund Transfer – Please email membership@sda.org.sg and request bank details in order to make a transfer. **S\$**

Please sign, date and return this payment instruction with your application form.

Please note: It is your responsibility to provide accurate information about your professional practice (which may affect the subscription you pay). Failure to notify us of any change of address, private practice income and scope of practice could result in the suspension or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

By completing this form I understand that if my subscription or any other liability to MPS is in arrears for more than one month, then I shall cease to be entitled to any membership benefit from MPS from that date when such subscription or liability fell due. I also understand that after non-payment for two months MPS may terminate my membership by notice, although my liability to MPS already accrued will not be affected.

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- Personal recommendation
- Competitive subscription rates
- MPS membership co-ordinator, please provide their initials: _____
- Group arrangement
- Dissatisfaction with previous organisation
- Other (please provide details in the space provided) _____

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Dental Protection – Singapore contact information

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