

DPA Membership Application Form

Full name	
Address	
Preferred contact number	
Alternate contact number	
Email address	
Date of birth (DD/MM/YYYY)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Prefer not to disclose
Ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Eurasian/Caucasian <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Other: <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Prefer not to say
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to disclose

Religion	<input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Hinduism <input type="checkbox"/> Other: <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Prefer not to say
Language(s) of communication	<input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Tamil <input type="checkbox"/> Sign Language
Preferred method of communication	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> SMS/Text Message <input type="checkbox"/> WhatsApp <input type="checkbox"/> Any of the above
Disability	<input type="checkbox"/> Visual impairment <input type="checkbox"/> Deaf and hard of hearing <input type="checkbox"/> Physical/mobility impairments <input type="checkbox"/> Neurodivergence (includes autism, ADHD, dyslexia) <input type="checkbox"/> Intellectual disabilities <input type="checkbox"/> Psychosocial disabilities <input type="checkbox"/> Developmental disabilities <input type="checkbox"/> Other: <hr style="border-top: 1px dashed black;"/>

Condition (Cerebral Palsy, Autism, ADHD, Hard of Hearing, Deaf etc.)	
Accommodations requested:	<input type="checkbox"/> Hearing Aid User <input type="checkbox"/> Guide Dog User <input type="checkbox"/> Mobility Aid User <input type="checkbox"/> Manual Wheelchair User <input type="checkbox"/> Motorised Wheelchair User <input type="checkbox"/> White Cane User <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Other: <hr style="border-top: 1px dashed black;"/>
Highest educational level passed	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> O level <input type="checkbox"/> A level <input type="checkbox"/> ITE / Higher NITEC <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Post Graduate Degree
Name of school/institution attended	
Employer / Company (if relevant)	
Employment / Occupation (if relevant)	
Affiliation with or membership of other organization(s)	

Position held in other organization (s), if any	
Reason(s) for joining DPA	
3 year membership fee (tick whichever is applicable)	<input type="checkbox"/> \$ 6.00 (Ordinary member) <input type="checkbox"/> \$30.00 (Associate – non-disabled member) <input type="checkbox"/> \$10 (Youth aged between 13-17 years)
One off Youth membership fee	<input type="checkbox"/> \$10 (Youth aged between 13-17 years) Note: Youth membership is valid from date of joining until the member turns 18 years old, after that the membership will be converted to an Ordinary Membership.
Payment method (tick whichever is applicable)	<input type="checkbox"/> PayNow to UEN S86SS0002F <input type="checkbox"/> Bank Transfer – DBS 033-016455-6 <input type="checkbox"/> Cash <input type="checkbox"/> Cheque (Cheque Number: _____)
Signature of applicant	

Emergency Contact Details

Name of person	
Relationship	
Mobile contact number	
Indicate communication preference	<input type="checkbox"/> Voice Call <input type="checkbox"/> Text Message/SMS <input type="checkbox"/> WhatsApp

If referred by existing DPA member, please provide their name	
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Notes: In order to process your application, please return your application form with the following:

- A copy of your membership card from any other disability organisation **OR**
- A copy of a doctor's or school's letter confirming your disability

Personal Data Protection Act 2012:

Disabled People's Association (DPA) collects the above data to ensure for membership purposes and will endeavour to keep it safe. DPA will only disclose your data to external third parties where we have your consent; or are required to under a statutory or legal obligation; or are permitted to do so by the Personal Data Protection Act 2012.