



Wheelchair Basket Ball Association (WBA)

c/o Singapore Disability Sports Council, Gate 1, National Stadium (West Entrance), 15 Stadium Road. Singapore 397718

Mobile: (65) 9662-3328

Website: www.wbasingapore.com

1 NRIC No. /FIN \* S/T/F/G

2 Full Name

3 Name to be printed on card  (Please limit to 34 characters)

4 Home Address   
 S

Mailing Address   
 (If different from above)  S

5 Contact Number  
 Home   
 Office   
 Mobile Phone

6 Email Address

7 Date of Birth  /  /  (dd/mm/yyyy)

8 Sex  Male  Female

9 Race  Chinese  Malay  Indian  
 Others, please specify \_\_\_\_\_

10 Marital Status  Single  Married  Others

11 Highest Educational Level  
 Lower Primary  PSLE  
 Lower Secondary  NTC 3  
 GCE'N'/'O' Level  NTC1/2 or ITC  
 GCE 'A' Level  Poly Dip/ Adv.Dip  
 Other Dip/ Prof.Qualification  Degree  
 Others, please specify \_\_\_\_\_

12 Housing Type  
 HDB -  Room/Executive/Maisonette  
 HDB - HUDC/Executive Condominium  
 HDB - Shop with Accommodation/Sudio Apartment for Senior Citizens  
 Condominium/ Private Apartment  
 Terrace/Detached bungalow/Semi-Detached bugalow  
 Others, please specify \_\_\_\_\_

13 Economic Status  Employed  Unemployed  
 Homemaker  Retiree  Student  
 Others, please specify \_\_\_\_\_

14 Annual Income  S\$0 - S\$30,000  S\$30,001-S\$60,000  
 S\$60,001 - S\$90,000  S\$90,000 and above

15 Nationality  Singapore Citizen  Singapore PR  
 Others, please specify \_\_\_\_\_

16 Preferred Languages  English  Malay  
 Tamil  Others, please specify \_\_\_\_\_  
 Mandarin

17 Occupation

18 For Adult Applicant with Children:  
Please indicate the number of children you have \_\_\_\_\_

19 For Applicant below 18 years old:  
If your parent are WBA members, please fill in the following:

\_\_\_\_\_  
Parent's Name                      Parent's I/C Number

20 Are you physically disabled?  Yes  No  
If Yes, please share with us the nature of your disability \_\_\_\_\_

21 I hereby declare that all the entries in this membership application form are true and correct; and agree to abide and be bound by the terms and Conditions of the WBA Management Committee; and authorise the WBA Association to disclose my personal information to its employees as it is necessary for official purposes in connection with the membership card programme. I will not hold the WBA Association liable for any loss/damage, misconduct, injury or death incurred during my participation in their activities and services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date