



**Our Centres :**

**DAS Learning Centre (Ang Mo Kio)**  
Anderson Primary School  
19 Ang Mo Kio Avenue 9  
Indoor Sports Hall #01-25  
Singapore 569948  
Tel: 6452 1186 Fax: 6452 1185

**DAS Learning Centre (Bedok)**  
Fengshan Primary School  
307 Bedok North Road  
Indoor Sports Hall, #G3-10  
Singapore 469680  
Tel: 6444 6910 Fax: 6448 6018

**DAS Learning Centre (Bishan)**  
Bishan Junction 8  
9 Bishan Place #06-03  
Singapore 579837  
Tel: 6250 0526 Fax: 6250 0654

**DAS Learning Centre (Chinatown Point)**  
133 New Bridge Road  
#04-01 Chinatown Point  
Singapore 059413  
Tel: 6538 1658 Fax: 6538 1657

**DAS Learning Centre (Chua Chu Kang)**  
Blk 17 Teck Whye Lane  
#01-167  
Singapore 680017  
Tel: 6464 8609 Fax: 6464 8605

**DAS Learning Centre (Jurong Point)**  
1 Jurong West Central 2  
#05-01 Jurong Point  
Singapore 648886  
Tel: 6594 0331/2 Fax: 6444 7900

**DAS Learning Centre (Parkway Parade)**  
80 Marine Parade Road  
#22-01/02 Parkway Parade  
Singapore 449269  
Tel: 6440 0716 Fax: 6440 0816

**DAS Learning Centre (Queenstown)**  
Queenstown Primary School  
310 Margaret Drive  
Singapore 149303  
Tel: 6475 9535 Fax: 6476 2597

**DAS Learning Centre (Rex)**  
73 Bukit Timah Road  
#05-01 Rex House  
Singapore 229832  
Tel: 6643 9600/01 Fax: 6643 9603

**DAS Learning Centre (Sengkang)**  
Blk 257C Compassvale Road  
#01-545  
Singapore 543257  
Tel: 6881 2072 Fax: 6881 8426

**DAS Learning Centre (Tampines)**  
Blk 163 Tampines St 12  
#01-257  
Singapore 521163  
Tel: 6786 0838 Fax: 6786 0868

**DAS Learning Centre (Woodlands)**  
Blk 165 Woodlands St 13  
#01-567  
Singapore 730165  
Tel: 6269 0730 Fax: 62690738

**DAS Learning Centre (Yishun)**  
Blk 932 Yishun Central 1  
#01-101  
Singapore 760932  
Tel: 6451 5582 Fax: 6481 2706

**DAS Learning Centre (Serangoon)**  
Blk 411 Serangoon Central  
#01-387  
Singapore 550411  
Tel: 6282 5350 Fax: 6282 5352

**DAS MEMBERSHIP APPLICATION FORM**

**FOR THE PERIOD APRIL 2018 – MARCH 2019**

*All applications will be approved by the DAS Executive Committee*

<b>PERSONAL PARTICULARS</b>			
FULL Name (As in NRIC, underline Surname)			
Postal / Home Address		Contact Numbers	
		Home :	
		Office :	
		HP :	
NRIC / Passport / FIN No.		E-mail Address	
Nationality	Sex	Date of Birth:	Marital Status
	Female /Male		No. of Children :
Occupation/Designation	Name of Business / Employer / Organization		
	<i>*Please state school name if you are a teacher.</i>		

The DAS Constitution requires all applicants to have a Proposer and Seconder who are existing members of the DAS.

PROPOSER	SECONDER
Name :	Name :
NRIC/Passport/FIN No :	NRIC/Passport/FIN No :

**Reasons for Application :**

I am the parent of a dyslexic child and would like to attend DAS courses to develop my knowledge of my child's learning difficulty

I am an education professional and would like to attend DAS courses to enhance my knowledge and expertise in dyslexia

I would like to attend / am attending DAS Courses :

\_\_\_\_\_ *Name of DAS Course / Workshop*

Other reasons

\_\_\_\_\_

**APPLICATION FOR :**

- a) Ordinary Member S\$53.50 per annum
- b) Life Membership S\$535.00 one time payment
- c) Corporate Membership S\$1070.00 per annum
- d) Corporate Membership (VWO) S\$535.00 per annum
- e) Junior Membership (below 18yrs) S\$10.70 per annum

**\* Fees include 7% GST**

In the event this application is rejected, your membership fee will be refunded.

I subscribe to the Aims and Objectives of the Association and hereby agree to abide by its constitution, by-laws and regulations.

Enclosed herewith S\$ \_\_\_\_\_

Cash/Cheque No : \_\_\_\_\_

*As members may volunteer to work with the dyslexic children we serve, for the protection of our children, please complete the following. We thank you for your kind co-operation.*

**Declaration**

Have you ever been convicted in a court of law of any country?

Yes

No

Signature : \_\_\_\_\_  
(Applicant)

Date : \_\_\_\_\_

Signature : \_\_\_\_\_  
(Proposer)

Signature : \_\_\_\_\_  
(Second)

**FOR OFFICIAL USE ONLY**

Application received on \_\_\_\_\_

By : \_\_\_\_\_

Amount received S\$ \_\_\_\_\_

Cash / Chq No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Application Approved / Not approved on : \_\_\_\_\_

Staff Signature : \_\_\_\_\_