



### Certificate of Union Membership

Name of Member		Membership No.
Office of Employment		Date joined Union (dd/mm/yyyy)
Payment to be made to: <input type="checkbox"/> Union <input type="checkbox"/> Member		
I hereby certify that the above named is a member of _____ (name of Union)		
Name of Authorised Officer		Company/Union Stamp
Signature of Authorised Officer	Date (dd/mm/yyyy)	

### For NTUC INCOME Use

Claim No.		Next Premium Due Date
Hospital benefit per day (\$)	No. of days hospitalised	Total amount to pay (\$)
Signature of Officer(s)		Date (dd/mm/yyyy)
Remarks		