



## Application form for membership

## 入会申请表格

Life Membership 永久会员 \$ 205.00

Associate Membership 准会员 Free  
(For current students) 只限在籍学生

英文姓名

English Name: \_\_\_\_\_

中文姓名

Chinese Name: \_\_\_\_\_

性别 Gender: 男 Male / 女 Female

身份证号码 NRIC: \_\_\_\_\_

婚姻状况

Marital Status: \_\_\_\_\_

出生日期 (DD/MM/YYYY)

Date of Birth: \_\_\_\_\_

住址 Home Address: \_\_\_\_\_

邮区 Postal Code: \_\_\_\_\_

住家电话 Home Tel: \_\_\_\_\_

手机 Handphone: \_\_\_\_\_

电邮 :

Email: \_\_\_\_\_

职业

Occupation: \_\_\_\_\_

最高学历

Highest Educational Obtained : \_\_\_\_\_

现就读学校

Present School: \_\_\_\_\_

年级

Level: \_\_\_\_\_

(Applicable to Associate Membership only 只适用于准会员)

进入培群年份

Year joined Pei Chun: \_\_\_\_\_

离开培群年份

Year left Pei Chun: \_\_\_\_\_

(Please attach copy of report book or PSLE certificate, post it to the Alumni's address together with a cheque make payable to Pei Chun Alumni Association)

申请者签名 Signature of Applicant \_\_\_\_\_

日期 Date \_\_\_\_\_

### Particulars of Child

Name	Date of Birth	Projected year - Primary 1

Mailing Address:

Pei Chun Alumni Association  
16 Lorong 7 Toa Payoh Singapore 319320