



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 / card or certificate to prove that you were a pupil of Pei Chun)

(For cheque payment, please make it 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:

580 Toa Payoh East Singapore (319133)