

**爱同校友会**  
**Ai Tong School Alumni Association**  
 100 Bright Hill Drive  
 Singapore 579646  
 Tel: 65523291 Fax: 64581164



**会员申请表格**  
**Membership Application Form**

我愿意遵守会的章程与规则，并共同促进会务进展，以下为本人之履历：

I agree to abide by the Rules and Regulation of the Association. My particulars is as follow:

Name (姓名)		中文姓名	
Address (地址) † <input type="checkbox"/>		NRIC No: (身份证号码)	
Postal Code (邮区)		Date of birth (出生日期) D D M M Y Y Y Y	
Email (电邮) † <input type="checkbox"/>		Male/Female (性别)	
Tel-Home (住家电话) † <input type="checkbox"/>	Mobile (手机) † <input type="checkbox"/>	Nationality (国籍)	
Company (公司名称)		Race (种族)	
Address (地址) Postal Code (邮区)		Occupation (职业)	
Tel-Office (办事处电话) † <input type="checkbox"/>	Fax (传真) † <input type="checkbox"/>	Marital Status (婚姻状况)	
Highest Education Attained (学历)	* Year of Study in Ai Tong (就读于爱同的年份)	Class (班级)	
Hobbies / Activities Interested (兴趣/活动) 1 _____ 2 _____ 3 _____ 4 _____		Signature of Applicant	
		Date of Application	

Signature of Chairman (会长签名)

Date of Approval (批准日期)

For Office Use Only (本会专用)			
Payment Mode	Cash	Cheque No	Membership No:
Official Receipt No.	Amount: \$		Date D D M M Y Y Y Y

\* Please attach documentary proof related to Ai Tong School (请附上与爱同学校相关的文件证明)

† Please tick in the box media you wish to be contacted (请在格里打钩选择本会以何种方式与您联系)

Membership Entrance Fee (入会费) : S\$500.00 **Kindly make it payable to Ai Tong School Alumni Association**