



金门会馆 KIM MUI HOEY KUAN

72 KENG LEE ROAD, SINGAPORE 219248

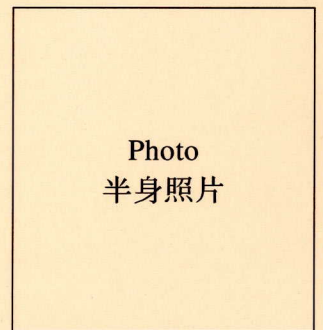
TEL: 6299 0438 FAX: 6392 1804

MEMBERSHIP APPLICATION FORM 入会申请表

Note: Please fill in all entries neatly and legibly or tick "✓"
注意: 请清楚地填写下列各项或勾"✓"

Membership No.:
会员编号:

01	NRIC No. 居民证号码	Off. Ref.	
02	NRIC Type 居民证类别	<input type="checkbox"/> Pink 粉红	<input type="checkbox"/> Blue 蓝
03	Name In Chinese 中文姓名		
04	Name 英文姓名		
05	Home Address 住址		
06	Postal Code 邮区		
07	Tel No. (Residence) 住家电话		
08	Tel No. (Office) 办公室电话		
09	Fax No. 传真号码		
		Day 日	Month 月
10	Date of Birth 出生日期		
11	Place of Birth 出生地		
12	Nationality 国籍		
13	Native Town Name 原籍乡名	金门	
14	Sex 性别	<input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女
15	Marital Status 婚姻现状	<input type="checkbox"/> Single 未婚	<input type="checkbox"/> Married 已婚
16	Religion 宗教信仰		
17	Occupation 职业		
18	Highest Educational Level Attained 最高教育程度		



For Office Use Only 只供本会用

Application 申请: Approved 批准 / Not Approved 不批准

Membership 会员资格: Life Member 永久会员 / Ordinary Member 普通会员

Approved by Chairman / Honorary Secretary
主席 / 总务批准

Committee Meeting Approved Date
董事会通过批准日期

余志愿加入为本会馆会员, 并遵守章程及一切议决案, 敬希察照为荷。

I hereby apply for admission as a member of the above Association, and agree to observe and respect all Rules and Regulations of the Association and Resolution passed at all meetings.

Application Date 申请日期

Introducer (member) 介绍人 (会员)

Signature of Applicant 申请者签名