## MEMBERSHIP APPLICATION FORM - YOUTH WING MEMBERSHIP 新加坡一中国(新中)友好协会会员申请表一青年团团员

The Youth Wing Membership is opened to the public. Members should not exceed the age of 39 and they should be:

- a) Singapore Citizen or
- b) Permanent Residents of Singapore or
- c) Carrying the Student Pass or
- d) Carrying Employment Pass

There will be no nomination and voting right for the Youth Wing Members.

凡持有以下证件而且年龄不超过 39 岁都可以成为新加坡一中国(新中)友好协会青年团的成员:

- a) 新加坡公民
- b) 新加坡永久居民
- c) 拥有学生准证的在籍学生
- d) 拥有工作准证的专业人士

青年团团员将不具有任何选举和投票权。

Membership fee: Annual fee - S\$20/- 会费: 年指—S\$20/-

In order to enable us to understand you better, kindly complete the registration form with a photocopy of your IC and mail the registration form to 5 Toh Tuck Link, Singapore 596224. For foreigners, please provide a photocopy of your passport and Student/Employment pass.

为了使我们更好地了解你,请你填写这份登记表格并将身份证副本邮寄到 5 Toh Tuck Link, Singapore 596224。外籍人士,请提供一份护照和学生/工作准证副本。

A) Personal Parti	culars 个人资料				
	English 英文	Title (delete where appropriate) 称谓( <i>请删去不适用者</i> ) Dr / Mr / Mdm / Ms Gender 性别			
Name In Full 姓名 Underline surname and use block letters 请采用大写字体, 并在姓氏底下划					
	Chinese 中文			近照	
线。		Marital Status 己如	<b>香</b> 与否		
Identification 身份详情	NRIC / Passport No 居民证 / 护照号码	Type of Pass and No 证件种类及号码		Nationality 国籍	
	Race 种族	Date of Birth 出生日期		Place of Birth 出生地	
	Religion 宗教	Dialect 籍贯			
	Residential No 住家		Mobile No 手机		
Contact Numbers 联络电话	Office No 办公		Fax 传真		

Residential Address	Residential 住家				
Residential Address 住家地址	Office 办公				
Email Address(es) 电邮	<u> </u>				
Education Qualification Faculty (for Universit 学历和领域(针对大	ry Level)				
Name and Address of (if in Singapore) 学校名称和地址(若 坡学府)					
B) Occupation Bac	:kground(if applicable)职业	2背景(若适用)			
Occupation 职业		Designation 职称			
Name of Company 公	司名称				
Nature of Member's B	Business ( <i>please tick</i> )公司性质(				
☐ Public Listed Com	pany 上市公司     Private I	Limited 私人有限公司 Partnership 合伙			
Sole Proprietorshi	ip 独资 □ Others 其	其它:			
Areas of Interests in F	Promoting the Singapore China F	Friendship 推广新中友好关系的兴趣范围			
C) Affiliations (if a	pplicable)附属社团/组织(ス	<b>左</b> 任田)			
C) Allillations (ii a)	ppiicabie j j j j j j j j j j j j j j j j j j j	口起/II /			
upon acceptance。 to inform the Mar 我同意: 在成为新加坡一	as a member.				

Signature of Applicant 签名

Date of Application 申请日期

## \* PARENT'S OR GUARDIAN'S CONSENT 家长或监护人同意

Registrants who are below the age of 21 should get the consent from his/her parent or guardian. 申请者若未满 21 岁,必须得到家长和监护人的同意才能加入成为会员。

		(XL1)		T 1/41	儿子 / 女儿 / 受监护者	
		(姓名)、	年龄:		,参与由新加坡—中国(新	
中) 友好协会所	举办的活动。	。我承认我的 孩子	/ 受监捷	户者 有	义务维护新加坡—中国(新	
中) 友好协会的	名誉。					
I, Mr/Mrs/M	iss		agree	e to my	son / daughter / ward ,	
Name:		, Age:	, tak	king pa	rt in all activities organized	
		t to uphold the good			lge the need for responsible	
		<del></del> -		п		
ŕ	Suardian 签名	3	Date 日其	月		
REES 推荐人 ne of 1 <sup>st</sup> Referee	Guardian 签名 —	Signature of 1st R		·	Date	
REES 推荐人 ne of 1 <sup>st</sup> Referee	Guardian 签名				Date 日期	
REES 推荐人  The of 1st Referee  推荐人姓名  The of 2nd Referee	_	Signature of 1st R	Referee			
ature of Parent/G REES 推荐人  ne of 1st Referee ·推荐人姓名  ne of 2nd Referee ·推荐人姓名	_	Signature of 1st R 第一推荐人签名 Signature of 2nd	Referee Referee	·	日期 Date	

For enquiries 如有查询:

Tel 电话: (65) 6466 5401 Fax 传真: (65) 6467 7667

Email 电邮: contact@singapore-china.org

Address 地址: 5 Toh Tuck Link, Singapore 596224

This application was approved and accepted as member of the Association on