

**华中校友会青少团申请表格**  
**Hwa Chong Alumni Youth Chapter Membership Form**

Full Name: \_\_\_\_\_  
(Please write your surname in capital letters)

姓名 Full Name in Chinese: \_\_\_\_\_

身份证号码 NRIC/Passport No: \_\_\_\_\_ 性别 Sex: M / F

国籍 Nationality: \_\_\_\_\_

电邮 Email: \_\_\_\_\_

手机 Mobile No: \_\_\_\_\_ 电话 Home Tel: \_\_\_\_\_

出生日期 Date of Birth: \_\_\_\_\_ 年 Y | \_\_\_\_\_ 月 M | \_\_\_\_\_ 日 D

地址 Address: \_\_\_\_\_

邮编 Postal Code: \_\_\_\_\_

毕业年度/校名 Year of Graduation/School name: \_\_\_\_\_  
(Please indicate TCHS, HCJC, HCI or HCIS)



The Alumni Youth Chapter reserves the right to remove any member from the association if he/she is found to have violated any of the Constitution, Rules, Resolutions and requirements of the Association.  
青少团有权褫夺任何违反章程、条规者的会员资格。

Membership fee: \$30 (One-time payment valid till the year member turns 35)

会员费：一次性付费，有效期以会员满 35 岁那年为限。

Please indicate mode of payment:

Cash

Crossed Cheque made payable to: "Hwa Chong Alumni Association"  
*Please write your name and NIRC No. on the reverse side of cheque.*

ATM/ I-Bank Transfer to: Hwa Chong Alumni Association, DBS Current Account 006-008033-2

I hereby declare that all information provided is accurate and complete.

我谨在此声明所填写的资料是完整无误的。

申请人签名/日期 Sign by applicant/ Date

\_\_\_\_\_

**校友会秘书处用 For Official Use Only:**

Payment Date: \_\_\_\_\_ Processed by/ Date : \_\_\_\_\_

Receipt No: \_\_\_\_\_

Membership No: \_\_\_\_\_



HWA CHONG ALUMNI ASSOCIATION YOUTH CHAPTER

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