

#01-01 Singapore 269782 T: +65 6427 4679 E: admin@schs.sg

APPLICATION TO JOIN AS A MEMBER PURSUANT TO ARTICLE 4 OF THE ARTICLES OF ASSOCIATION OF SINGAPORE CHINESE HIGH SCHOOL (THE "SCHOOL ASSOCIATION")

To	The Board of Directors of Singapore Chinese High School 681 Bukit Timah Road, #01-01						
	Singapore 269782						
	Attention: The Secretary						
	Name: NRIC/Passport #:						
,	n my disclosure below, hereby apply to join as a member of the School Association and confirm						
1.	I desire to be a member of the School Association and agree to be bound by the provisions of the Memorandum and Articles of Association of the School Association;						
2.	On or before the date hereof:						
	(a) I am at least 21 years of age;						
	(b) my application has been proposed by an existing member of the School Association:						
	Mr/Ms:						
	NRIC/Passport #: (SXXXX123A)						
	which has been seconded by another existing member of the School Association:						
	Mr/Ms:						
	NRIC/Passport #: (SXXXX123A)						
	(c) I have forwarded to the School Association a sum of money of not less than Singapore Dollars Two Thousand (\$\$2,000) by way of:						
	☐ Cheque payable to "Singapore Chinese High School" (cheque #)						
	☐ Direct transfer to OCBC account #: 501-460729001 (transaction ref)						
_	PayNow to DEN 193700037K						
3.	I do not have any criminal record and am not an undischarged bankrupt;						
4.	The particulars provided below are true and correct;						
5.	By signing and submitting this application, I agree that the School Association may collect, use and disclose my personal data as provided in this application or obtained by the School Association for the purposes of processing this application and administration of the School Association's						

Completing this form using PDF Fill & Sign function is recommended

membership matters that may entail sharing with the administrations of its affiliates such as Hwa

Chong Institution, Hwa Chong International School and Hwa Chong Alumni Association.



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UEN 193700037K

Name (English):									
中文姓名:		Date of		Birth:					
Residential Address:				1	1				
Email Address:			N			Mobile #	# :		
Occupation/Profession:									
Organization:									
Please specify below	ı all detaiı	ls that a	unnly for hoth	Secondary an	d Pre-l Inive	rsity education			
Secondary <u>and</u> Pre-		:HS	HCJC	HCI	HCIS	NYGH	Others:		
'O' / 'A' / IP Dip / IB									
Year Graduated									
Tertiary School(s)									
Tertiary Qualification(s) / Year									
Affinity to Hwa Chong Family (e.g. involvement in any volunteer work in any of HCI, HCIS, HCAA, HCJCA, HC Seniors, PSG, etc.)									
Applicant:			Proposer:			Seco	Seconder:		
Name & Signature Date:			Name & Signature Date:				Name & Signature Date:		
For Official Use:			☐ Approve	d	□ Not	: Approved			
Chairman:			Secretary:						
Name & Signature Date:						Name & Signat Date:	ure		

