



SINGAPORE CHINESE GIRLS' SCHOOL ALUMNI

190 DUNEARN ROAD • SINGAPORE 309437 • TELEPHONE 62527966 • FAX 62523076

ASSOCIATE MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

Name : Miss <i>(Please underline surname)</i>																			
		NRIC/ID Number*:																	
Home Address: <i>(Please do not write hostel or temporary address)</i>																			
		Postal Code:																	
Email Address: <i>(Please write Clearly)</i>																			
Tel	H																	H/P	
Name of SCGS Sibling/s & Age (if any):																			
Period in SCGS From:					To:					Class: Sec 4					SY/CO/GY/SE/PR/GR/PE/DG*				
Applicant's Signature:																			
Date of Application:																			

* Please delete where applicable

- Important Notes:**
1. Associate Membership will expire when you are eligible to join SCGS Alumni as a Life Member.
 2. Photocopy of SCGS Leaving School Certificate; SCGS Testimonial; GCE'O'Level Examination or PSLE Certificate.
 3. Submit 2 copies of this application form (original & photocopy)
 4. Application Form must be Duly Completed, Signed and Dated.

For Official Use:-

Associate Membership Number:

Date Received:

Date of Approval:

Name & Signature:

Remarks: