



SINGAPORE CHINESE GIRLS' SCHOOL ALUMNI

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

LIFE MEMBERSHIP APPLICATION FORM

Please paste
passport-size
photo here.

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

Name : Miss/Ms/Mrs/Mdm/Dr* <i>(Please underline surname)</i>												NRIC Number:			
Home Address:												Postal Code:			
Employer															
Office Address:												Postal Code:			
Occupation:															
Email Address: <i>(Please write Clearly)</i>															
Tel	H											H/P			
	(O)											Fax			
Name of SCGS Sibling/s (if any):															
Period in SCGS From:				To:				Completed: PSLE / GCE'O' Level / others*:							
1st Character Referee:		Name:						Tel:							
Relationship to 1st Character Referee:		Principal/Retired Principal/Teacher/RetiredTeacher/Classmate/Schoolmate/Friend/Others*													
2nd Character Referee:		Name:						Tel:							
Relationship to 2nd Character Referee:		Principal/Retired Principal/Teacher/RetiredTeacher/Classmate/Schoolmate/Friend/Others*													
Payment by Cash / Cheque*:						Applicant's Signature:									
If Cheque: Bank & Cheq No:						Date of Application:									

* Please delete where applicable

Life membership subscription : S\$300/- Correspondence Address: Home / Office *

Cheques should be made payable to : **SCGS ALUMNI**

- Important Notes:**
1. Name and contact number of two character referees who must be existing SCGS Alumni members, teachers or principals.
 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:-	
Life Membership Number:	Date Received:
Date of Approval:	Name & Signature:
Remarks:	