



新加坡福建会馆入会申请表

SINGAPORE HOKKIEN HUAY KUAN MEMBERSHIP APPLICATION FORM

申请须知和条款

1. 申请人必须符合下列所有条件
 - a. 新加坡公民至少 21 岁以上*;
 - b. 祖籍是福建*;
 - c. 心智健全者;
 - d. 未曾因刑事罪名被监禁超过 1 年以上或罚款超过 S\$5000。
2. 申请表格上须有两位现有会员作介绍人并签名。
3. 填写表格, 并附上支票 S\$720 (入会费 S\$600 和 5 年捐 S\$120); 一旦申请批准, 则不予退还所有费用。
4. 本会馆理事会有权拒绝任何申请而无须解释任何理由。
5. 本会馆有权随时增订或修改上述任何条件。

*请附上新加坡身份证、报生纸和祖籍证件彩色影印本

Terms and Conditions:

1. The applicant must meet the following requirements:
 - a. be at least 21 years of age and a Singapore citizen*;
 - b. an ethnic Chinese whose ancestry can be traced to Fujian Province*;
 - c. be of sound mind;
 - d. must not have been sentenced to imprisonment for more than 1 year and/or imposed a fine exceeding S\$5,000 for any criminal offence.
2. The application must be sponsored by 2 existing members of Singapore Hokkien Huay Kuan.
3. Completed form must be accompanied by a non-refundable cheque payment of \$720, (\$600 for entrance fee and \$120 for subscription that covers a 5-year term), made payable to "Singapore Hokkien Huay Kuan"
4. The Singapore Hokkien Huay Kuan Executive Council retains the full discretion to reject any application for membership without providing any reason.
5. The conditions for membership may be amended by Singapore Hokkien Huay Kuan from time to time.

*Please attach a colour copy of your S'pore NRIC, Birth Certificate and proof of native place.

个人简历 PERSONAL PARTICULARS

Name of Applicant (English)		申请人姓名(中文)		申请人照片 Photograph of Applicant
新加坡身份证号码 Singapore NRIC No:		出生日期 Date of Birth:		
性别 男 / 女 Gender: Male / Female	祖籍福建省 Fujian Province :	市 / 县 City / County:		
婚姻状况 未婚 / 已婚 Marital Status: Single / Married	配偶姓名 Name of Spouse:			
宗教 Religion:	最高学历 Highest Educational Qualification:			
住家地址 Residential Address:		邮区 Postal Code:	电话(家) Tel(H):	
所任职机构 Name of Employer:		职业 / 职衔 Occupation / Designation:		
办公地址 Office Address:		邮区 Postal Code:	电话(办公室) Tel(O):	
手机 H/P:	电邮 E-mail:	支票号码 Cheque No. Indicate Bank & Cheque No.		

其他资料 OTHER INFORMATION

若有参加其他社团请注明社团和所担任的职位。如果空位不够, 请另加附件。

If involvement in other community organizations, please specify the organization and position held. Use a separate attachment if necessary.

社团 Organization : _____ 职位 Position Held : _____

介绍人(必须是本会会员) SPONSORS (must be existing members of Singapore Hokkien Huay Kuan)

本人确认我认识申请人, 并相信申请人如果被接纳为会员将会维护会馆的良好声誉及以会馆的利益为考量。

I confirm I know the Applicant and believe the Applicant, if admitted as a member, will uphold the good reputation and act in the interest of the Singapore Hokkien Huay Kuan.

签名 Signature: _____

签名 Signature: _____

介绍人姓名 Name of Sponsor:

介绍人姓名 Name of Sponsor:

身份证号码 NRIC:

身份证号码 NRIC:

声明 DECLARATION

本人谨此声明以上所提供的资料正确无误, 也已仔细阅读并接受入会的规则与条款, 以及福建会馆的个人资料保护政策 (列于 www.shhk.com.sg)。本人理解成为新加坡福建会馆会员将(一)不确保我的孩子将获得推荐在小学 2B 阶段报读会馆属校; (二)从 2019 年的小学一报名开始, 本人必须拥有至少 2 年的会籍, 并且通过会馆平台完成至少 80 个小时的义务服务时数, 才符合会馆属校小学一报名 2B 阶段推荐的资格。I hereby declare that the information provided above is true and accurate and I have read and accepted the above terms and conditions as well as the Singapore Hokkien Huay Kuan (SHHK)'s Privacy Policy (available at www.shhk.com.sg). I understand that (1) the membership does not guarantee endorsement for Phase 2B of the Primary One Registration Exercise for my child/children in any of the SHHK's affiliated schools; (2) from Primary One Year of Registration 2019, I must have a minimum SHHK membership of 2 years and completed a minimum of 80 volunteer service hours with or through SHHK to qualify for recommendation for registration under Phase 2B.

申请人签名 Signature of Applicant

申请日期 Date of Application