



新加坡福建会馆普通会员入会申请表

SINGAPORE HOKKIEN HUAY KUAN ORDINARY 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. 新加坡公民年满 21 岁或以上;
 - b. 祖籍福建;
 - c. 心智健全;
 - 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. 申请人须亲临福建会馆办公室 (信立路 5 号新加坡邮区 466781) 呈交已填妥的表格并出示所有证件原件*以供核实。所有申请须支付 S\$720 (含入会费 S\$600 及五年年捐 S\$120)。申请一经批准, 将不予退还任何费用。
4. 本会馆理事会有权拒绝任何申请而无须提供任何理由。
5. 本会馆有权随时增订或修改上述任何条件。

*完整入会申请必须附上相关证件副本以及电子版个人护照, 详情请参考附件《入会申请清单》。

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 submitted to our office at 5 Sennett Road Singapore 466781 in person. Applicant must bring along all original documents* for verification. All application is to be accompanied by a non-refundable payment of S\$720 (inclusive of S\$600 entrance fee and 5-year subscription of S\$120).
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 refer to attached CHECKLIST FOR APPLICANT and furnish all required supporting document copies and softcopy of your recent passport photo to complete your application.

1. 个人资料 PERSONAL PARTICULARS

Name of Applicant (English): Underline Surname		申请人姓名(中文):	
新加坡身份证号码(最后 3 个数字及字母): Singapore NRIC No (last 3 digits & checksum):	- - - - -	出生日期: Date of Birth:	DDMMYYYY
性别: 男 / 女 Gender: Male / Female	祖籍地详情(市 / 县 / 乡镇): Ancestry Location Details:	最高学历: Highest Educational Qualification:	
婚姻状况 Marital Status: 未婚 Single / 已婚 Married	配偶姓名(英): Name of Spouse: Underline Surname	孩子人数 No. of Children:	
有意申请小一 2B 报名阶段的推荐 Intent to apply for Phase 2B recommendation: <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes, 报名年份 Year of Registration: _____ 若有意申请小一 2B 报名阶段推荐, 请填写妥第 8 节。If intent to apply for Phase 2B recommendation, please complete Section 8.			

2. 联络资料 CONTACT INFORMATION

主要电邮: Primary Email Address:	手机: H/P:	电话(家): Tel (H):
第二电邮: Secondary Email Address:	<input type="checkbox"/> 本人同意不接收福建会馆会讯以及其他通讯资料的印刷版本。I wish to opt out of receiving printed copies of the SHHK newsletter and correspondences from SHHK.	
住家地址: Residential Address:	邮区: Postal Code:	
邮寄地址: Mailing Address: (if different from above)	<input type="radio"/> 办公室 Office: <input type="radio"/> 其他 Others:	邮区: Postal Code:

3. 就业资料 EMPLOYMENT INFORMATION

职业 / 职衔: Occupation / Designation:	任职机构: Name of Employer:	专业领域: Industry:
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4. 义务服务 VOLUNTEER SERVICE

申请前请预先浏览福建会馆官网的会员义工计划和小一 2B 阶段报名的常见问题。Please access the FAQ on "Becoming A Volunteer" & FAQ for Phase 2B registration posted on SHHK website before signing up as volunteer.
 本人有意申请成为福建会馆的义工。
I would like to sign up as a volunteer with SHHK.

5. 其他资料 OTHER INFORMATION

参加其他社团 Involvement in other community organizations: <input type="checkbox"/> 是 Yes
社团 Organization:
职位 Position Held: _____ 从 Since: _____

6. 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: _____
介绍人姓名 Name of Sponsor:
会员号码 Membership No. (UMI):

签名 Signature: _____
介绍人姓名 Name of Sponsor:
会员号码 Membership No. (UMI):

7. 支付 PAYMENT SGD 720.00

<input type="checkbox"/> 支票 Cheque (payable to "Singapore Hokkien Huay Kuan") Bank/Cheque No.:	<input type="checkbox"/> 现金 Cash DO NOT MAIL OUT CASH. SHHK will not be held responsible for cash lost in transit. SHHK Receipt No.:	<input type="checkbox"/> 银行转账 Bank Transfer/PayNow Ref No.:
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8. 孩子资料 Child(ren) Information (若有意申请小一 2B 报名阶段的推荐 if intent to apply for Phase 2B recommendation)

出生排序 Birth Order	孩子姓名 (英) Name of Child	出生年份 Year of Birth	报读小一年份 Year of Primary One Registration	For SHHK Use	
				Eligible	Appendix A
1 st					
2 nd					
3 rd					

请呈交孩子出生证彩色影印本。Please submit colour copy of child(ren) birth certificate(s).

9. 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。

本人理解：(a)成为新加坡福建会馆会员并不确保我的孩子会获得在小一 2B 阶段报读会馆属校的推荐；(b)截至小一报名年的 6 月 30 日，本人必须拥有至少 2 年的福建会馆会籍，并且通过会馆平台完成至少 80 个小时的义务服务时数，才符合会馆属校小一报名 2B 阶段推荐的资格。

本人同意接收新加坡福建会馆通过邮件、电子邮件或手机短信方式给我发布的信息。(请确保所提供的联络方式正确无误。)

本人同意新加坡福建会馆可为审核本申请，收集和使用本人于此申请表格所提供的资料。通过在此申请表格上签字，我表明同意新加坡福建会馆可为达致上述目的向其它机构披露必要信息。

本人确认并同意新加坡福建会馆在入会申请过程中根据 2012 年通过的新加坡《个人资料保护法令》以及福建会馆的个人隐私条例 (列于 www.shhk.com.sg) 收集、使用和/或披露我的个人资料。

I hereby declare that the information provided above is true and accurate and I have read and accepted the above terms and conditions.

I understand that (a) 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; (b) I must have a minimum SHHK membership of 2 years and completed a minimum of 80 volunteer service hours with or through SHHK by 30 June of the Year of Primary Registration in order to qualify for recommendation for registration under Phase 2B.

I hereby provide expressed consent for SHHK to mail, email and send messages via mobile phone to me as and when SHHK may require for the purpose of information dissemination. (Kindly ensure that all contact information provided are accurate.)

I understand and consent to SHHK's collection and usage of information I provided in this application form, together with other information SHHK may obtain about me for the purpose of assessing my application. By signing on this application form, I expressly consent that SHHK may disclose my information to any other agents for the purposes of fulfilling the above objective.

I acknowledge and agree that as part of the application, SHHK may collect, use and/or disclose my personal data (as defined under the Personal Data Protection Act 2012) in accordance with Singapore laws and the Singapore Hokkien Huay Kuan's Privacy Policy (available at www.shhk.com.sg).

申请人签名 Signature of Applicant

申请日期 Date of Application

FOR OFFICIAL USE ONLY

Received by/Date:	Remarks:		
<input type="checkbox"/> Documentary Proof of Native Place	<input type="checkbox"/> Membership & Subscription Fees	<input type="checkbox"/> Sighted Original S'pore NRIC	
<input type="checkbox"/> Child(ren) Birth Certificate (if applicable)	<input type="checkbox"/> Signature of 2 Sponsors	<input type="checkbox"/> Appendix A (if applicable)	
Checked by MA Com:	Membership No.		
Name & Signature _____ Date _____			
Verified by Secretary-General:	<input type="checkbox"/> Recommended		
Name & Signature _____ Date _____	<input type="checkbox"/> Not recommended _____		
Acknowledged by Chairman/Vice Chairman, MA Com:	Council Meeting No. :	Effective Date Joined:	Receipt No.:
Signature _____ Date _____			